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January 7, 2000

U.S. Nuclear Regulatory Commission  
Document Control Desk  
Washington, DC 20555

Subject: River Bend Station  
Docket No. 50-458  
License No. NPF-47  
Commitment Evaluation Summary Report

File No.: G1.47

RBG-45212  
RBF1-99-0330

Gentlemen:

Attached is a periodic summary of changes to regulatory commitments. Guidance in Revision 0 of the Nuclear Energy Institute "Guidelines for Managing NRC Commitment Changes" (NEI 99-04) was utilized in preparing the attached report.

Should you have any questions please contact Bill Fountain at (225) 381-4625.

Sincerely,

A handwritten signature in black ink, appearing to read "Rick J. King".

RJK/JWL/WJF

Attachment

A001 1/1

Commitment Summary Evaluation Report

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## 1. COMMITMENT (2534/2535)

Section 4.2.3.1.5 of the River Bend Station (RBS) Safety Evaluation Report (SER) states: "The [Licensing Review Group] LRG-II position statement contains a description of a control rod drive friction test that would be performed for core cells exceeding the above general guidelines or containing channels with exposures greater than 30,000 MWd/MTU ([megawatt days per ton for] associated fuel bundle exposures). The LRG-II position paper describes the control rod drive settling friction test in considerable detail." The SER then states that by memorandum - Rubenstein to Novak - August 19, 1982, the NRC accepted the LRG-II position that the proposed actions would preclude excessive channel bowing.

### REVISION/JUSTIFICATION

Eliminate the requirement to perform a control rod drive friction test for channels with exposures greater than 30,000 MWd/T (associated fuel bundle exposures) and apply the guidelines for channel box deflection provide in General Electric (GE) Service Information Letter (SIL) 320, Supplement 2 to commitment 2535 and cancel 2534. No GE guideline specifies that fuel channels with specific fuel bundle exposures of greater than 30,000 MWd/T should have a control rod drive friction test performed for their fuel cell. RBS committed to not reuse fuel channels. RBS is currently committed to the channel box deflection guidelines of LRG-II (Licensing Review Group Position Paper, May 17, 1982). While reviewing GESTAR II [GE Standard Application for Reactor Fuel], the NRC asked GE to "indicate whether they still recommended periodic settling friction tests and measurements described in NEDE-21354-P [GE generic report on channel design and deflection], and if so, on what schedule" with respect to channel box deflection.

General Electric responded to the NRC's with three specific guidelines that if exceeded would require the control rod settling friction tests for those fuel cells. The three guidelines in GESTAR II (NEDE-24011-P-A-11-US, page US.B 128-129) are as follows: "The following general guidelines minimize the potential for and detect the onset of channel bowing:

- a) Channels shall not reside in the outer row of the core for more than two operating cycles.
- b) Channels that reside in the periphery (outer row) for more than one cycle shall be situated in a core location each successive peripheral cycle which rotates the channel so that a different side faces the core edge.
- c) At the beginning of each fuel cycle, the combined outer row residence time for any two channels in any control cell shall not exceed four peripheral cycles."

The NRC concludes in GESTAR II that the channel box deflection issue is resolved in GESTAR II. Since the time these guidelines were published in GESTAR II, Limerick discovered a bowed channel during a refuel outage. GE's investigation of this incident indicates that the unusual channel bow was caused more by fabrication of the channel than by excessive exposure. The differential irradiation growth was caused by the residual partially

cold worked - incompletely recrystallized - microstructure introduced during expansion sizing operations. GE identified to the Boiling Water Reactor Owners Group (BWROG) Reactivity Controls Review Committee (RCRC) which plants have these particularly fabricated channel. RBS does not have any of these channels. The committee recommended a channel monitoring plan for the plants having the particular channels and stated in the monitoring plan, "Plants which do not have susceptible channels are exempt from the recommendations of this plan." This position was sent to the BWROG Primary representatives for approval. The approved position was sent to the all BWROG and the NRC (per the request of the NRC). Since this event, GE also revised the guidelines for mitigating channel bow per SIL 320, Supplement 2, "Recommendations For Mitigation of the Effects of Fuel Channel Bowing." These guidelines are based on the core location of the fuel channel during the cycle, how many cycles the fuel channel is in a particular location and the fuel cycle length. The guidelines in SIL 320, Supplement 2 are as follows:

- a) Records should be kept of channel location and exposure for each fuel cycle.
- b) When possible, channels should not reside in the outer row of the core for more than two operating cycles.
- c) Channels that reside in the outer row for more than one fuel cycle should be positioned in core locations that permit different channel sides to face the core edge on successive cycles.
- d) Channels that reside in the outer row of the core for three or more 12-to-18 month cycles (two or more 18-to-24 month cycles) should not be shuffled inwards. If the channels in question have experience both 12-to-18 and 18-to-24 month cycles on the outer row of the core, then the channels should not be shuffled inwards if the combined exposures for those cycles exceeds 24,000 MWd/ST.
- e) At the beginning of each fuel cycle the combined (sum of) outer row residence times for any two channels in any control rod cell should not exceed four 12-to-18-month peripheral cycles (three 18-to-24 month peripheral cycles). If the channels in question have experienced both 12-to-18 and 18-to-24-month cycles on the outer row of the core, then the sum of cycle exposures should not exceed 36,000 MWd/ST.
- f) Channels which reside in the outer row of the core during their initial cycle of operation should not be positioned with their highest fluences facing each other in the same control rod cell during the next cycle.

These guidelines do not include a bundle specific exposure limit. The recommended action in SIL 320, Supplement 2, in the event any of guidelines cannot be met, is to conduct a control rod drive friction test on the affected drive lines. Instructions for conducting these tests (with acceptance criteria) are contained in the instruction book for the Control Rod Drive (CRD) Hydraulic Control Units and in NEDO-21354. An equivalent test was discussed in the footnote of the response to NRC question 4.6 in GESTAR II (NEDE-24011-P-A-11-US, pUS.B 128-129) and the LRG-II position paper (May 17, 1982). The test requires that the control blade settle under its own weight from the its most constrained, highest friction location (fully inserted). The test demonstrates that the applied friction is less than the weight of the blade (~250 lb.). Control rod drive tests indicate that the CRD will tolerate a relatively

large increase in driveline friction (350 lb.) while still remaining within technical specification limits for the scram function. RBS must record channel location history and core cycle exposure to meet the current guidelines. Individual channel specific exposure monitoring is not required.

## **2. COMMITMENT (4002)**

In response to Confirmatory Item 30 of Table 1.4 of SER per RBG-20081 dated 2/5/85: "The surveillance of the Engineered Safety Feature Unit Coolers will be added to the operations daily log. The operators performing the surveillance will verify that the unit cooler is operating by ascertaining that there is air flow through the unit cooler. The bases for this type of surveillance is to detect failures which may have otherwise gone undetected. The surveillance will include the following units: 1HVC\*ACU1A, 1HVC\*ACU1B, 1HVC\*ACU2A, 1HVC\*ACU2B, 1HVC\*ACU3A, 1HVC\*ACU3B, 1HVR\*ACU1A, 1B, 1HVR\*ACU2 THROUGH 10, 1HVR\*ACU11A, B." Section 7.3.2.7 of Supplement 3 to the RBS SER identifies the staff's concern that a unit cooler failure could go undetected. Section 7.3.2.7 contains a discussion of different aspects of the subject, considers the content of RBG-20081, and concludes that Confirmatory Item 30 is resolved.

## **REVISION/JUSTIFICATION**

The areas cooled by these unit coolers are monitored every 12 hours as required by Technical Requirements Manual (TRM) 3.7.10.1. The temperatures are verified less than prescribed values and recorded in surveillance test procedure (STP)-000-0001, "Daily Operating Logs." This surveillance verifies the operability of the supported systems cooled by the unit coolers without actually verifying flow through the unit coolers. The current requirement should be changed to verify the flow from the unit coolers on a basis consistent with operator rounds entry into the cooled areas. The last sentence in SER 7.3.2.7 notes that "containment unit coolers are provided with discharge temperature indication and low flow alarms in the main control room" [HVR\*UC1A & B are containment unit coolers]. Section 7.3.2.7 also notes that all 6 HVC unit coolers are "verified operable daily in accordance with the surveillance required by the control building's daily log." Delete the requirement to verify flow through the HVR-UC1A and B since these receive an autostart signal. Delete the requirement to verify flow through the HVC unit coolers since they are adequately annunciated in the Main Control Room. Verification of flow through the engineered safety feature (ESF) unit coolers is to be added to the respective operator rounds sheets. The operator performing the surveillance will verify the unit cooler is operating by ascertaining that there is air flow through the unit cooler when performing normal GVI (General Visual Inspection) for the supplied areas. The basis for this is to detect failures which otherwise may have gone undetected. The surveillance will include the following units: HVR-UC2 through 10, and HVR-UC11A & B.

### **3. COMMITMENT (4234)**

Reply to violations 8435-01 & 8435-02, per RBG-20894, dated 5/3/85, both the Manager-Administration and the Plant Manager are included in the review and approval cycle of changes to the emergency plan and the emergency implementing procedures (EIPs). The Vice-President, RBNG gives final approval on all EIPs. EIP-2-100 and EIP-2-101 will be revised to include this approval cycle.

#### **REVISION/JUSTIFICATION**

The RBS Emergency Plan and EIP-2-101 were revised in accordance with the License change per Amendment #81 [RBS Improved Technical Specifications]. The approval cycle is now in accordance with TRM 5.8.2 which allows approval by the manager/department head responsible for the program. Changes are reviewed by the Facility Review Committee (FRC) in accordance with TRM 5.8.1. A copy of FRC records is provided to the plant manager and the Safety Review Committee (SRC). Since reviews and approval are in accordance with the TRM, this commitment no longer serves a purpose and is canceled. License Amendment # 53 also removed the VP and Plant Manager approval requirement.

Additional reference: RBS SSER 2, 13.1.3.

### **4. COMMITMENT (4378)**

In response to an NRC question [Open Item #16 concerning details of the RBS Diesel Generator Training Program], in RBG-21200, dated 6/5/85, Attachment 1, Gulf States Utilities (GSU) provided a description of the "in house" diesel training program. This response included a discussion of the specific program, program materials, and training instructors. In addition, the response stated that "Procedures specify retraining on the diesel generators for Operations and Maintenance personnel shall be at intervals not to exceed two years." This retraining frequency was a self-imposed commitment beyond that required or recommended by vendor or regulatory guidance.

The NRC explicitly credited the response to Question # 16 in Section 9.5.4.1 of Supplement 2 of the RBS SER in reaching their conclusion that the "diesel generator training program at RBS is acceptable."

#### **REVISION/JUSTIFICATION**

Discontinue the specific commitment to perform retraining every two years. This change does not affect other aspects of the RBS training program. The requirement to perform retraining every two years was beyond that required by the approved training program guidance and requirements. Retraining frequency will meet minimum retraining requirements, and will be established by the applicable Training Review Group (TRG). Each discipline has a Training Review Group (TRG) who is procedurally required to meet

periodically throughout the year to decide what continuing and/or retraining topics will be presented during the next training cycle. These topics are chosen as a result of but not limited to: Industry/Plant Operating Experience, Identified Weaknesses in Task Performance, Plant Modifications, New or Infrequently Performed Tasks, Procedure Revisions, and Upcoming Plant Evolutions. Therefore, the two-year diesel generator retraining requirement is no longer necessary and is canceled.

#### **5. COMMITMENT (4379)**

In response to an NRC question per SER Open Item #16, RBG-21200 stated that GSU's current maintenance procedures require cleaning of dust/dirt of all control panels, cabinets, and diesel generator start system electrical circuitry every thirteen weeks. The NRC credited the above action in Section 9.5.8 of Supplement 2 of the RBS SER by stating: "However, because the ventilation air for the diesel generator rooms is not filtered, provisions should be made to ensure regular cleaning of electrical controls for diesel generators. By letter dated June 5, 1985, the applicant stated that procedures have been developed and implemented which will ensure cleaning of all controls panels, cabinets, and diesel generator start system electrical circuitry on a quarterly basis. Therefore, the staff concludes that the diesel generator (standby and HPCS) combustion air intake and exhaust systems are acceptable."

#### **REVISION/JUSTIFICATION**

During an RBS Updated Safety Analysis Report (USAR) fidelity review project, noncompliance with the above quarterly cleaning requirement was identified. A condition report was issued addressing the issue. Additional research identified that the preventive maintenance tasks referenced when commitment tracking was originally closed (on 7/1/86) provided for cleaning on an 18-month frequency. The original quarterly procedural requirement for cleaning was not identified. However, Section 9.5.8 of the RBS USAR states: "The diesel generator control panel, switchgear, and electrical equipment associated with starting the diesel engines are located in a separate control room in the diesel generator building. The filtered ventilation system air is designed to protect the electrical equipment against fibers, flyings, dust and dirt, lint, seepage, dripping, and external condensation of noncorrosive materials, thus ensuring that the equipment cannot become inoperable due to foreign material."

There is an excitation panel in the room with the diesel generator, but it is supplied with ducted filtered air from the same source as the separate control rooms. This is functionally equivalent to being in the same room with the other panels, and the internal cleaning frequency should be treated the same.

Section 4.8.1.1.2f of the old RBS Technical Specifications addressed 18-month inspections and the current RBS Technical Specifications still address diesel inspections on an 18-month frequency (per TSR 3.8.1.21). Since RBS began commercial operation in June 1986, inspections have been performed on a refueling outage frequency with little or no interior dust

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contamination identified. With filtered ventilation system air provided to the diesel control rooms, the basis for quarterly inspections is not valid and the commitment is canceled.

**6. COMMITMENT (5065)**

Reply to violation 8563-03 (c), per RBG-23019, dated 1/22/86, NRC violation 8567-03 [c] addressed a condition report regarding an absent security officer which contained insufficient detail for the Operations Shift Superintendent to make a valid reportability decision. The reply to this violation, under "Corrective Steps Taken And Results Achieved", stated: "Security personnel who initiate condition reports now hand carry the report to the Operations Shift Supervisor and discuss the incident with him."

**REVISION/JUSTIFICATION**

RBS processes and programs have evolved substantially since the time frame of this violation. Security personnel as well as Operations personnel have a higher level of awareness regarding the reportability of Security events than was present in 1985. Since 1986, automation and electronic processing have also greatly expanded. Virtually every RBS employee has immediate access to a personnel computer [PC] and can log onto the Entergy local area network [LAN] for many different work activities. In addition, a new paperless condition report program [PCRS] was recently implemented which requires electronic initiation of CRs. The substantial evolution of automation and in particular - PCRS, have eliminated the value of continuing to comply with this commitment and it is canceled.

**7. COMMITMENT (5199)**

In LER 86-048 concerning "Missed Control Rod Block Surveillance," under "Corrective Action" GSU stated: A planner has been assigned to status all daily I&C [instrumentation & control] surveillances. The planner shall work closely with the Maintenance Foreman to assure the timely performance of all daily I&C STP's. A schedule/checkoff of daily surveillance test procedures containing the Control Operating Foreman (COF) and Shift Supervisor (SS) signoffs for each surveillance test procedure and an additional SS signoff when all daily surveillance test procedures are completed, will be distributed to the Shift Supervisor. The Shift Supervisor shall provide a status of all daily STP's for the plan of the day meeting. The actions described above were implemented on 8/4/86.

**REVISION/JUSTIFICATION**

RBS processes and procedures have evolved substantially since the time frame of the missed surveillance addressed by LER 86-048. The missed surveillance was STP-500-4550 "RPCS High and Low Power Setpoint Functional Test." I&C Maintenance no longer conducts daily surveillances. The Surveillance Requirement satisfied by performance of STP-500-4550 has changed in the Improved Technical Specifications and is now satisfied by performance of a quarterly functional test, per STP-500-4551. The quarterly surveillance, like all surveillances,



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is scheduled by "Outage Management" and is tracked via a computerized system. Surveillances are scheduled with "built-in" tolerances and the schedules are reviewed at daily plant meetings to ensure that upcoming "late dates" are not exceeded. A checklist is still maintained by the Shift Superintendent to ensure that daily surveillances are not missed. Commitment is canceled.

**8. COMMITMENT (5248)**

Violation 8581-01 addressed a "Failure of Document Control Program". In a supplemental response to the violation, per RBG-23566, dated 4/22/86, GSU stated: SDC [station document control] personnel assigned to update the controlled drawing station in the Main Control Room have been given the new responsibilities of maintaining and ensuring that updates to Main Control Room procedure manuals are appropriately filed. SDC will conduct periodic reviews in accordance with Section 6.6 of procedure ADM-0005, "Station Document Control", to maintain the Main Control Room station operating procedures (SOPs).

**REVISION/JUSTIFICATION**

In 1986 the SDC group was given the additional responsibility for updating the Control Room procedure files due to inadequate maintenance of the satellite station. This responsibility continued until Operations hired Shift Clerks in 1989. At that time, responsibility for procedure updates and inventory was transferred to Operations. Since the focus of this 1986 commitment was a new SDC responsibility and since RBS processes have evolved and SDC is no longer responsible, this commitment is no longer applicable and is canceled. As reflected in the violation response, updating the controlled drawings and performing periodic reviews per ADM-0005 were previously existing responsibilities. ADM-0005 was cancelled on 2/17/98 with requirements now being maintained in procedures ADM-0006 and SSP-1-003 (ref. Para. 5.2.4 and 6.1.4, respectively). The station supervisor (Operations) is responsible for annual documented inventories for procedures maintained in the Control Room, Auxiliary Control Room, and Work Management Center. The document control function for updating and maintaining drawings in the Control Room still resides with the Administrative Services group.

**9. COMMITMENT (5262)**

Revision 1 to LER 86-026, per RBG-23865, dated 6/16/86 states: "In an effort to prevent recurrence a change has been initiated (TCN 86-0864) to revise administrative procedure ADM-0028 to limit the amount of time to five days that MWRs [Maintenance Work Requests] are in a "released for work" status. The procedure also addresses the re-release of MWRs for which work to be performed extends beyond five days."

## REVISION/JUSTIFICATION

The RBS process for controlling maintenance has evolved substantially since 1986 when this commitment was made. Work schedules are now more formalized [Plan the work - work the plan]. Discipline Supervisors and Work Week Managers assure schedule adherence. Limiting the amount of time that MWRs are in an "issued for work" condition has no effect on the ability of SSCs in the performance of their safety functions. Nor does it affect the ability of plant personnel to ensure that SSCs are capable of performing their safety functions. This commitment no longer adds value and is canceled.

### 10. COMMITMENT (5561)

Responding to Inspection Report (IR) 86-25 per RBG-24378 dated 9/12/86 "emergency notification and communication," in Attachment 2, for Deficiency 8625-03 concerning "Proficiency For Performing Backup Manual Dose Assessment Calculations In The Control Room Was Not Demonstrated To Be Adequate." GSU stated: "As part of the Operations Department's re-qualification program, a change has been implemented such that the Control Operating Foreman receives instruction on the manual method of dose calculations every seven (7) weeks."

## REVISION/JUSTIFICATION

As RBS programs evolved and matured, the responsibility for Control Room dose evaluations was transferred away from the Operations Department. The Control Operating Foremen [now Control Room Supervisor] no longer has responsibility in this area. The commitment is no longer applicable and is canceled.

### 11. COMMITMENT (5621)

In RBG-42674 transmitting GSU's response to IR 86-28, 'Concern Relating to ALARA [as low as reasonably achievable] Effectiveness,' GSU stated: "Procedure changes were submitted to require review of job plans by ALARA during major scheduled outages."

## REVISION/JUSTIFICATION

This item was documented as a "concern" in IR 86-28. This commitment should be canceled because it is no longer needed to ensure continuation of the corrective action. Although no similar concerns have been documented since 1986, this commitment is still being implemented by procedure ADM-0039, ALARA Program. Review of job plans by ALARA during major outages, both scheduled and unscheduled, is routinely done by the Radiation Protection (RP) ALARA/Planning group as a good practice.

## **12. COMMITMENT (6300)**

In LER 87-027 concerning, "Technical Specification Violation Due to Incorrectly Positioned Instrument Root Valve", GSU stated: "All process root valves on lines to normally zero reading instruments are being sealed open for positive control, and these valves' seals will be surveilled at each refueling outage."

### **REVISION/JUSTIFICATION**

RBS performs a review of 100% of all safety related systems lineups each cycle [see reply to violation 8728-01]. Since the verbiage of this commitment is ambiguous ["normally zero reading instruments"] and RBS performs all safety-related valve lineups each fuel cycle, there is no value in continuing to track the portion of this commitment addressing the surveillance of the "normally zero reading instruments" each refueling outage. This portion of the commitment is canceled. The remaining portion of this commitment [all process root valves on lines to normally zero reading instruments are sealed open] remains in place.

## **13. COMMITMENT (6809)**

In RBG-28226 transmitting GSU's responses to IR 88-10 and specifically to Violation 8810-01 'Failure to Update and Review Radiation Work Permits' GSU stated: "The Foreman's Task Schedule has been revised to require a daily review of all active [radiation work permits] RWPs and a weekly documented review on the RWP as required."

### **REVISION/JUSTIFICATION**

This commitment should be canceled because it is no longer needed to ensure routine reviews of active RWPs by RP Foremen, and because no further problems of this type have occurred since the NRC closed this violation in IR 89-17. Continuing compliance tracking of this commitment provides no further value to the radiation protection program.

The commitment was made in response to a violation for failure to follow procedure RSP-0200 revision 3 "Radiation Work Permits", which stated in part: "6.6.2.1 . . . RP foreman/designee will review all active RWPs as necessary and indicate the review by initialing and dating." The original commitment was for daily review of the active RWPs, which has since been changed to a weekly review because the procedure did not require daily reviews and because daily reviews became an undue administrative burden for the RP Foremen. The original commitment for daily reviews of RWPs was a conservative action that is no longer needed. The present requirements for review of active RWPs are adequate to ensure they provide appropriate information and guidance for radiological work in the plant. Routine review of RWPs continues to be implemented by RSP-0200 revision 13. RWPs are reviewed by the Supervisor - HP Shift on a weekly basis as follows:

"4.4 Supervisor - HP Shift is responsible for:

4.4.1 Reviewing RWPs weekly that were used during the previous week. This review is documented by a sign off on the weekly Task Schedule.”

### **13. COMMITMENT (6810)**

In the response to IR 88-10 and specifically to Violation 8810-01 ‘Failure to Update and Review Radiation Work Permits’ (RWPs) GSU stated: “The Technicians Task Schedule has been changed to require a shiftly review and update of all active RWPs.”

### **REVISIONS/JUSTIFICATION**

The original violation cited failure of RP personnel to perform a daily review and update of RWPs during a 1987 refueling outage. This was a violation of RSP-0200, Radiation Work Permits (Rev. 3) section 6.6.1.2, which required RP personnel to “. . . daily evaluate radiological conditions for active RWPs and enter the date and radiological survey number as a minimum, if a survey was performed.” This commitment has been implemented in RSP-0006, Radiation Protection Task Scheduling, since that time. No further problems of this type have occurred since the NRC closed this item in Inspection Report 89-17.

In 1987, the RP Technician’s review of RWPs was documented in handwriting on an RWP addendum sheet. RWP revisions were done manually by the RP Operations group. Later refinements and computerization of the RWP system led to discontinuing the use of the addendum sheet. The computerized RWP system now in use, and procedure RSP-0200 revision 14 (1998), do not require documentation of the shiftly review of RWPs on an addendum sheet. The current RP Planning/ALARA Group is responsible for review and update of all active RWPs, and can perform a more focused review of RWPs than the RP Operations group, which is primarily responsible for supporting ongoing work in the plant.

Continued tracking of this commitment no longer adds value to the RP program because the original violation addressed an isolated failure to implement a previously existing procedural requirement, because the procedural requirement (RSP-0200) has been deleted, and because the current RP Planning/ALARA Group performs routine RWP reviews. Therefore, the commitment is canceled.

### **14. COMMITMENT (7855)**

In RBG-32748, dated 4/27/90, reply to IR 90-01 (SALP Report) Security improvement tasks include: Establish following security force communication program: conduct and document weekly supervisor meetings. Started March 1, 1989.

## **REVISION/JUSTIFICATION**

Maintaining this commitment is burdensome and over responsive to the condition it is intended to correct with little or no safety benefit. Improved communication has now become part of the security force culture and a sitewide communication expectation now exists. Commitment is canceled.

### **15. COMMITMENT (7984)**

In final response to GL 88-14, per RBG-31247, dated 7/14/89, concerning "Instrument Air Supply Problems Affecting Safety-Related Equipment", GSU stated: Safety related accumulator subsystems required for safe shutdown will be tested during each refueling outage for leakage and capacity to assure that the air operated safety related components will perform their intended functions.

## **REVISION/JUSTIFICATION**

This commitment is met through the performance of plant procedure TSP-0029, "Control Building Accumulator Test." When performing the drop test for the Control Building accumulator prior to 1999, it required isolation of both accumulators from the Instrument Air System supply header due to a common isolation valve. This system lineup required the testing to be performed when the plant was in Mode 5. (Reference T. S. 3.7.2) During Refueling Outage #8, another isolation valve was added to allow independent testing that would not affect the opposite division. This modification allows online testing. Changing the frequency to every 18 months instead of every refueling outage provides greater flexibility and still provides assurance that the safety related accumulator subsystems will perform their intended functions.

### **16. COMMITMENT (8409)**

In RBG-32408 transmitting GSU'S response to NRC IR 89-42 and specifically in response to Inspector Follow-up Item 8942-02, GSU stated: "River Bend engineering has adopted the 10CFR50.59 guidelines contained in EPRI-Numarc publication NSAC-125. The information contained within NSAC-125 is the best guidance available to the industry on the performance of these evaluations. It is intended that reading of NSAC-125 will suffice as the annual training requirement for 10CFR50.59 evaluations. Engineering procedure EDP-AA-62 is ready for issue, requiring completion of this reading as a prerequisite to performance of 10CFR50.59 evaluations."

## **REVISION/JUSTIFICATION**

EOI has committed to Nuclear Energy Institute (NEI) 96-07, which expands and updates the guidance in NSAC-125. Also, there is no "annual training requirement for 50.59 evaluations". Requalification training will be scheduled as deemed necessary by the process

owner, the FRC or SRC, in accordance with procedure RBNP-057. Commitment 9727 is referenced in RBNP-057. This commitment has been updated to indicate that effective June 30, 1998; NEI 96-07 will supersede NSAC-125 as the industry guidance that our 50.59 program is based on. Commitments 5703 and 8410 were the sources of annual retraining as part of the 50.59 program. The comment fields of both of these commitments were updated in September 1995 to state the following: "Commitment made before development of three day initial course. Development of standard EOI process is requiring 'training as required,' i.e., major process changes and as indicated by monitoring organizations (FRC, NRB, CARB)." Commitment 8409 is canceled.

#### **17. COMMITMENT (8882)**

Per RBG-34381, dated 1/25/91, reply to violation 9033-01, under "Corrective Steps Which Will Be Taken To Avoid Further Violations" GSU stated: A controlled copy of the Station Operating Manual index, which lists the latest revision for each procedure, will be provided in each shop area for ready reference by the foremen.

#### **REVISION/JUSTIFICATION**

Violation 9033-01 addressed work activities performed during a refueling outage, where document users did not ensure they were using the latest revision of the controlled documents. River Bend document control processes have evolved substantially since the time frame of this violation. Controlled copies of procedures are now available electronically through the site's computer network. Indexes are also available electronically. Controlled hard-copies of procedures are no longer maintained in the maintenance shops. Because the information is electronically available, maintaining controlled copies of procedure indexes in the Maintenance shops is no longer necessary. This commitment has become obsolete and is deleted.

#### **18. COMMITMENT (8890)**

In the reply to violation 9029-02, per RBG-34386, dated 1/21/91, under 'Corrective Steps Which Will Be Taken To Avoid Further Violations' was stated: "To address the concern of an apparent lack of regard to radiation barriers at RBS, GSU has performed the following:" "General Employee Training classes conducted after March 1, 1991, will require specific written examinations addressing high radiation boundaries." [This commitment was Subitem c. under Item (7).

#### **REVISION/JUSTIFICATION**

When this commitment was implemented in March of 1991, the high radiation area exams were graded by RP personnel. However, during 1991 and in the years since then, RBS took many actions to improve our program for the control of high radiation barriers. Several other actions were listed in this violation response. Other actions have included redesigning the

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entry barriers for high radiation areas. Recent changes included standardization of radiation area access requirements with other Entergy Operations Incorporated (EOI) sites. As a result, personnel regard for radiation barriers is no longer a problem area at RBS. This commitment served its purpose. However, our program has evolved and this commitment no longer adds value. It is now a waste of resources and is canceled.

**19. COMMITMENT (9070)**

LER 91-006 addressed personnel failure to replace a high radiation barrier. This commitment was characterized in the LER as an additional action which will be taken:

“New procedural requirements to replace high radiation entrance barriers immediately upon each passage through the barrier or pass the barrier hand-to-hand during multiple entries.”

**REVISION/JUSTIFICATION**

Control of high radiation area boundaries (i.e. replacement of barriers after passage through the entrance to the posted area) is no longer a problem at RBS because the rope barriers across the entrances of posted high radiation areas are placed at 5 feet from the floor, and are not removed during worker access through the boundary. This commitment is no longer applicable under the current requirements for personnel access into radiologically posted areas. Commitment canceled.

**20. COMMITMENT (9095)**

In LER 91-009, per RBG-35137, dated 5/30/91 “...all individuals entering the RCA are required to sign a statement from the Plant manager affirming their responsibilities for good Radiation Protection work practices.”

**REVISION/JUSTIFICATION**

This commitment was intended as a one-time requirement in 1991 to focus the attention of radiation workers on the problem of workers failing to properly move high radiation area boundaries. This issue is no longer a problem at RBS. This commitment served its original purpose of increasing plant personnel’s awareness of their responsibilities and helped to resolve the problems with control of worker access to high radiation areas. Since GSU merged with Entergy in 1994, additional process changes have been implemented, including standardized general employee training and standardized posting of radiologically controlled areas. No further problems have been observed with high radiation area boundaries as a result of those changes. Commitment canceled.

## **21. COMMITMENT (9965)**

LER 92-020 addressed "Improperly Controlled Radioactive Material Results In Creation Of High Radiation Area". Under "Corrective Action", GSU stated:

"Surveys of [Radwaste Building, elevation 106']RW 106' material laydown area will be performed on an increased frequency with a radiation detector having an audible response. Additionally, survey mapping for the radwaste 106' was increased from monthly to weekly."

### **REVISION/JUSTIFICATION**

No further instances of improperly controlled radioactive material have occurred on the 106' radwaste elevation, since this LER was written in 1992. The survey frequency for the 106' radwaste elevation was changed from weekly to monthly in 1996, as a result of the EOI standardization of radiation protection practices. The decreased survey frequency reflects the Radiation Protection Department's confidence in its ability to properly control radioactive material in that area. Continuing compliance tracking of this commitment no longer provides value to the radiation protection program. Surveys of the 106' Radwaste laydown area will continue to be performed with audible response instrumentation until the planned automated continuous area radiation monitoring system, RADS, is fully implemented. RADS will provide continuous area radiation monitoring of the 106' Radwaste laydown area, in addition to other plant areas, which will eliminate the need for many of the current routine area surveys. Current routine surveys of the 106' Radwaste laydown are scheduled on the RP Technician Task Schedule. Commitment canceled.

## **22. COMMITMENT (9966)**

LER 92-020 addressed "Improperly Controlled Radioactive Material Results In Creation Of High Radiation Area". Under "Corrective Action", GSU stated: "Surveys of bags (trash and PCs) at laydown areas will be conducted with a radiation detector with audible response, to quickly identify potential radiation problems."

### **REVISION/JUSTIFICATION**

No further instances of improperly controlled radioactive material have occurred on the 106' radwaste elevation, since this LER was written in 1992. Continuing compliance tracking of this commitment no longer provides value to the radiation protection department. Surveys of laydown areas will continue to be performed with audible response instrumentation until the planned automated continuous area monitoring system, RADS, is fully implemented. RADS will provide continuous area radiation monitoring of the 106' Radwaste laydown area, in addition to other plant areas, which will eliminate the need for many of the current routine area surveys. Commitment canceled.



### **23. COMMITMENT (9967)**

LER 92-020 addressed "Improperly Controlled Radioactive Material Results In Creation Of High Radiation Area". Under "Corrective Action", GSU stated: "Trash from work sites inside c-zones will not be placed in trash bins located at the SOP [step-off-pad], these are intended for protective clothing and associated PC trash (i.e., tape, booties etc.)."

#### **REVISION/JUSTIFICATION**

No further instances of improperly controlled radioactive material in trash bags at step off pads have occurred since the LER was written in 1992. Continuing compliance tracking of this commitment no longer provides value to the radiation protection program. Receptacles for work-generated trash have been removed from all step-off pads. Trash generated during work in the posted area is bagged separately, surveyed by RP, and removed after completion of the work. Trash receptacles at step off pads are currently only used for tape, shoe covers, etc. related to protective clothing. The original LER documented a 1992 event in which valve packing was removed from a valve and placed in a trash bag at the step-off pad at the exit from the area. The packing had a dose rate of 14 rem/hr on contact and 220 mrem/hr at 18 inches, and the bag had not been surveyed and tagged when removed from the step off pad. Before the packing was discovered, workers segregating trash bags noticed their pocket dosimeters were reading slightly higher than expected. No personnel overexposures occurred during this event. Commitment canceled.

### **24. COMMITMENT (9968)**

LER 92-020 addressed "Improperly Controlled Radioactive Material Results In Creation Of High Radiation Area". Under "Corrective Action", GSU stated: "Protective clothing, trash and material removed from contaminated areas will be tagged by RP upon removal from the zone or transported under RP control within the radiologically controlled area to a location that allows for proper assessment of the radiological hazards or the material."

#### **REVISION/JUSTIFICATION**

This commitment has been incorporated into Radiation Protection processes, and continuing compliance tracking of this commitment no longer provides value to the radiation protection program. No further instances of improperly controlled radioactive material in trash bags at step off pads have occurred since this LER was written in 1992. Procedure RSP-0213, "Control of Radioactive Material," implements the requirements of this commitment that any material removed from contaminated areas will be tagged by RP upon removal from the zone, and that bagged materials may not be immediately tagged if they are in the possession of an RP Technician. All bagged radioactive material must eventually be evaluated by an RP Technician and must have a tag with radiological information about the material. These requirements are now standard precautions for control of material removed from contaminated

areas, and will continue to be implemented at RBS for the foreseeable future. Commitment canceled.

## **25. COMMITMENT (10009)**

In RBG-37932 transmitting GSU's response to IR 92-99 concerning NRC SALP report 1992, GSU stated: "These include improved communications within the Radiation Protection Department achieved through regular meetings, team training coordinated with other disciplines, and IMPLEMENTATION OF A STANDING IMPROVEMENT COMMITTEE staffed at the technician level. Improved communications with front line technicians and first line supervisors is a prerequisite to promptly identifying problems and their solutions."

### **REVISION/JUSTIFICATION**

The context from which this commitment was taken was directed at improvement initiatives in the area of radwaste minimization. At this time, however, it is difficult to determine which statement in the SALP report this commitment responded to. The commitment was completed in 1993, and verified complete in 1994. This commitment was a program enhancement, made in response to statements in the 1992 SALP report. This commitment was implemented in 1992 to deal with programmatic problems in the RP Department. Many changes have been implemented in the RP Department since this commitment was written, which go beyond the original scope of the commitment. The context from which this commitment was taken was directed at improvement initiatives in the area of radwaste minimization. At this time, however, it is difficult to determine which statement in the SALP report this commitment responded to. Although the specific nature of the problems this commitment responded to is difficult to determine at this time, the effectiveness of the RP Department in minimizing radwaste is not currently in question. Commitment canceled.

## **26. COMMITMENT (10060)**

In RBG-38063, dated 1/27/93, transmitting GSU's response to IR 92-33 concerning notice of violation and civil penalty, the following commitment appeared in the General Response section: "Weekly communications meetings between Radiation Protection management and technicians were established to identify problems and implement solutions." As stated in the General Response section, this commitment was made to address the violations in general.

### **REVISION/JUSTIFICATION**

This commitment is no longer needed to ensure continuation of the corrective action. The inferred problems in the 1993 time frame have been adequately addressed. Continuing compliance tracking of this commitment provides no further value to the radiation protection program. In the 1993 time frame, this commitment served its purpose of improving communications in the RBS Radiation Protection department. The focus of this commitment was on the establishment of the weekly meetings to identify and resolve problems. The RBS

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radiation protection program has changed and evolved since the time frame of this violation. The RBS Condition Report (CR) program provides the primary site process for identifying and resolving problems. Weekly RP department communications meetings continue today as an established practice because they have demonstrated their usefulness as a communication tool in improving the overall operations of the RP department. Commitment canceled.

**27. COMMITMENT (10070)**

In reply to IR 92-33, per RBG-38063, dated 1/27/93, concerning violation (NOV) and civil penalty “ ... Radiation Protection currently has procedures and a qualification program in effect that will allow use of lapel air samplers.” [While this allowance was in current procedures when the violation response was issued, the procedures were revised to include the allowance after the violation event.]

**REVISION/JUSTIFICATION**

This corrective action, breathing zone air samples, was never required to meet the requirements of 10CFR20 for protection of workers from airborne radioactivity. The original violation was issued because workers did not wear respiratory protection during a particular valve maintenance job, and the local (work area) air sampler that was operating during the maintenance later showed airborne radioactivity to be 10 times that of pre-work levels. The workers were also later found to have uptakes of radioactivity. The original commitment to make lapel air samplers available may have been considered appropriate in 1992 for workers not wearing respirators in areas of airborne radioactivity. However, it is unclear how the results of analyses from lapel air samplers could be made available to RP personnel in a timely manner to preclude or minimize uptakes of airborne radioactivity by workers, since the samples would have to be analyzed in the same manner (radioactive counting) as local area air samples. It is therefore doubtful that lapel air samplers could provide any increased real-time protection of workers from airborne radioactivity. Revision of 10CFR20 in 1994 included a new provision for demonstrating that use of respirators may not be advisable if it results in the workers receiving more whole body radiation exposure due to reduced worker efficiency while wearing respirators, and if the increased whole body radiation is greater than the committed dose equivalent from inhaled airborne radioactivity. This is the “TEDE - ALARA” provision outlined in 10CFR20.1702. Because the use of lapel air samplers provides no value to the RBS radiation protection program, this commitment is canceled.

**28. COMMITMENT 10074**

In RBG-38063 transmitting GSU's response to NRC IR 92-33 concerning: GSU reply to notice of violation and civil penalty, for violation a2 [(1) surveys were not performed of packing material from valve B33\*MOV 23A when the material was removed from the valve or before it was transported to the step off pad trash receptacle; (2) the next day, the bag that contained the packing material was surveyed and labeled with a tag that indicated radiation levels of less than 2 mr/hr on contact; and (3) the bag that contained the packing material was

subsequently found to have radiation levels of 14,000 mr/hr on contact.] Under "Corrective Steps That Will Be Taken To Avoid Further Violations", GSU stated: "In addition, radiological precautions will be included in maintenance training on specific tasks."

#### **REVISION/JUSTIFICATION**

Rad-Worker work practices were incorporated into applicable training materials through the Maintenance / Radiation Protection Integrated Training program. However, the RBS radiological control program has evolved since the time frame in which this commitment was made. Radiological precautions are now included in the job plans of specific Maintenance Action Items [MAIs] ensuring the technician is aware of and follows good Rad-Worker work practices. (MAIs are the maintenance documents controlling work in the plant at RBS.)

Since radiological precautions are now included in applicable MAI job plans, a commitment addressing the incorporating of Rad Worker Work Practices into training materials and the performance of Maintenance / Radiation Protection Integrated Training is no longer necessary. This commitment is canceled.

#### **29. COMMITMENT (10088)**

In RBG-38063 transmitting GSU's response to IR 92-33 concerning notice of violation and civil penalty, the following commitment was stated in the Violation A.7 section under Corrective Steps That Will Be Taken To Avoid Further Violations: "Additional actions which are designed to strengthen the material control program are as follows: 1. A locked box, accessed by Radiation Protection personnel, will be used to effectively control scrap material and assure monitoring prior to removal from the protected area."

#### **REVISION/JUSTIFICATION**

Other provisions are in place for controlling materials for release from the Controlled Access Area (CAA). In the 1993 time frame, there was no centralized facility for monitoring materials for release from the CAA. Now a "release facility" is established and maintained for that purpose. All scrap materials are monitored there prior to release from the CAA. This commitment is no longer needed to ensure continuation of the corrective action and is canceled.

#### **30. COMMITMENT (10089)**

In RBG-38063 transmitting GSU's response to IR 92-33 concerning notice of violation and civil penalty, the following commitment was stated in the Violation A.7 section under Corrective Steps That Will Be Taken To Avoid Further Violations: "Additional actions which are designed to strengthen the material control program are as follows: 2. Plant radiologically controlled area roll up doors have been locked to control material entry and removal."

## **REVISION/JUSTIFICATION**

This commitment is no longer needed to ensure continuation of the corrective action. In 1993, maintaining plant radiologically controlled area (RCA) roll-up doors locked and controlled by RP was considered necessary until confidence in administrative controls and procedures could be substantiated. Since then, numerous actions have been taken to improve radioactive material control. These actions have been effective. The practice of maintaining roll-up doors closed when not in use has been effective and will be continued where practicable. A current management tool at RBS is to empower workers and hold them accountable for their actions. The locking of RCA roll-up doors adds unnecessary barriers to processes that are time-consuming in and of themselves. As a result of that empowerment and accountability, control of radioactive material at RBS does not now require that roll-up doors always be locked and controlled by RP. Plant RCA roll-up doors are maintained closed when not in use as a general practice and all, whether open or closed, have radiological postings and boundaries in place. Commitment canceled.

### **31. COMMITMENT (10099)**

In the reply to violation (and civil penalty) EA 92-207 per IR 92-33, RBG-38063, dated 1/27/93: LER 92-020 addressed "Improperly Controlled Radioactive Material Results In Creation Of High Radiation Area". Under "Corrective Steps That Will Be Taken To Avoid Further Violations", GSU stated: "Trash generated as a result of maintenance will not be disposed of in protective clothing trash bins."

## **REVISION/JUSTIFICATION**

No further instances of improperly controlled radioactive material in trash bags at step off pads have occurred since this LER was written in 1992. Continuing compliance tracking of this commitment no longer provides value to the radiation protection program. (This commitment is very similar to commitment #9967: "Trash from work sites inside c-zones will not be placed in trash bins located at the SOP, these are intended for protective clothing and associated PC trash (i.e., tape, booties etc.).") Receptacles for work-generated trash have been removed from all step-off pads. Trash generated during work in the posted area is bagged separately, surveyed by RP, and removed after completion of the work. Trash receptacles at step off pads are currently only used for tape, shoe covers, etc. related to protective clothing. Commitment canceled.

### **32. COMMITMENT (10106)**

In RBG-38063 transmitting GSU's response to IR 92-33 concerning reply to the NOV and civil penalty: "Radiation Protection procedures have been revised to require the use of extremity monitoring when unpacking primary system valves."

## REVISION/JUSTIFICATION

Procedure RPP-0065, "Special Monitoring Requirements," step 6.3.1.3 has implemented this commitment since 1993. This commitment was made in response to a violation issued for failure to assign extremity dosimeters (finger ring TLDs) to workers unpacking a valve whose packing material was later found to have a high contact dose rate. The workers did not exceed any radiation exposure limits as a result of that event. The original event was an isolated occurrence. Since that time only one other event has resulted in extremity exposure over 10% of the 10CFR20 limit, and that exposure was only 12.5% of the limit. That exposure was expected, and proper extremity dosimetry was worn. Implementation of this commitment in RPP-0065 has served to heighten the awareness of RP personnel to conditions that can lead to unexpected extremity exposure. Since the original event, Shift Supervisors and Technicians in the RP Operations group have been responsible for evaluating work conditions that may require special exposure monitoring. In a recent shift of responsibilities, the RP Planning/ALARA Group now determines specific pre-work radiological protection requirements for all radiation work permits (RWPs). Their planning includes evaluation of work area conditions or work steps that may lead to high extremity doses. In such cases, extremity TLDs are specified as requirements on the RWP. Of course, high extremity exposure conditions could be present when working on systems other than primary systems as specified in this commitment. RPP-0065 provides guidance on extremity monitoring in terms of dose rates on components. RSP-0203, Personnel Monitoring, Section 7.1, requires extremity TLDs when work on any component could result in an extremity shallow dose greater than 10% of the 50 rem per year limit, as required by 10CFR20.1502(a)(1). The current RP Planning/ALARA Group specifies extremity monitoring in RWPs for work on components when the extremity dose could approach that limit. Continuing compliance tracking of this commitment is no longer useful in the radiation protection program because this commitment narrowly focuses on primary system valves, the 10CFR20 extremity monitoring requirement is implemented in RSP-0203, and because evaluation of work area conditions is now performed by the RP Planning/ALARA group using conservative component dose rate guidelines from RPP-0065. This commitment is therefore canceled.

### 33. COMMITMENT (10961)

In RBG-40512 transmitting EOI's response to NRC Bulletin 93-02, Supplement 1 concerning: Debris Plugging Of Emergency Core Cooling Suction Strainers. EOI stated: ... RBS has revised the Inservice Test Program for the low pressure ECCS systems to require a 6-hour run once each year for each system while periodically monitoring suction pressure ...

Also, in the reply to Bulletin 95-02, per RBG-42171, dated 11/16/95, RBS restated this commitment as: "Annual 6 hour runs of each low pressure ECCS system are currently proceduralized as a part of the IST program."

## REVISION/JUSTIFICATION

During refueling outage #7 [RF-7 in October 1997], RBS installed new passive ECCS Suction Strainers. The passive strainers are of a new design, with much greater surface areas. Also during RF-7, a new Suppression Pool Cleaning System was placed in service. The combination of the new passive design suction strainers combined with much improved water quality in the Suppression Pool, has made the need for annual 6-hour runs to monitor suction pressure obsolete. This commitment is therefore canceled.

### 34. COMMITMENT (14346)

Example 'c' of violation 9606-01 addressed "Personnel failed to follow Step 8.4.3 of Procedure ADM-0081 and initiate condition reports for numerous items lost in the suppression pool since the last refueling outage". The following commitment action was contained in the reply to the violation (RBG-42988, dated 6/17/96) under "Corrective Steps That Will Be Taken to Avoid Further Violations" for Example 'c' of violation 9601-01: "Training on the proper application of these techniques will be provided to personnel who perform work in containment. Periodic refresher training in these techniques will also be performed."

## REVISION/JUSTIFICATION

In the 1996 time frame, RBS took many actions to strengthen our foreign material exclusion (FME) program. ADM-0081 was revised to remove the FME requirements and ADM-0092, "Foreign Material Exclusion," was issued prior to RF-7 addressing only FME requirements. Training was provided to site personnel before the procedure was issued. ADM-0092 clarified the FME requirements and controls. It also enhanced and improved the program and provided consistency between the EOI sites.

The Suppression Pool Cleanup system has been installed and is in operation. This system has increased the clarity of the Suppression Pool and it is now possible to see the bottom of the pool and identify and possibly retrieve any items that may get into the pool. There were 33 Condition Reports written from 3/96 - 10/97 identifying items dropped into the pool that could not be retrieved. Only 4 Condition Reports were written from 10/97 - 6/98 identifying items dropped into the pool that could not be retrieved. No additional items have been identified in the pool through visual observation.

Grating was installed over a portion of the Suppression Pool and is used for a laydown area during outages. This grating provides a barrier to prevent items from falling into the pool during times when work in the Reactor Building increases. FME related events are now included in Industry Events training and GET initial training. Therefore, periodic refresher training is no longer necessary to avoid further violations in regard to FME control at RBS. Commitment is canceled.

### **35. COMMITMENT (15864)**

Violation 9523-01 addressed "Plastic Overspray Protection On [emergency diesel generator's] EDG's Cooling Air Vents." In the reply to the violation per RBG-42096, dated 10/26/95, under "Corrective Steps That Will Be Taken To Avoid Further Violations", EOI stated: "A painting impact walkdown checklist has been developed to be used during walkdowns with the painters and operations personnel prior to the start of modification activities which will include painting. This checklist will be used to identify safety related equipment in the area and to ensure that appropriate precautions are taken with respect to the equipment. In addition, procedure PMC-22-002, "Modification Installation," was revised to address all PM&C pre-job walkdowns."

### **REVISION/JUSTIFICATION**

Procedure, PMC-22-002, "Modification Installation," is being deleted and replaced with a Corporate Procedure, NMM-DC-116. NMM-DC-116 contains an Operational Walkdown Checklist similar to the one in PMC-22-002, but it does not directly address painting. However, it does address safety related equipment in the work area and has a place for any special precautions. Also, a Modification Implementation Guideline (MIG) has been developed which provides the Modification Planner directions for adding precautions in the MAI to avoid this type problem in the field. There have been no additional incidents of this type violation in over five years. With MIG and the checklist in the Corporate Procedure in place, the continued tracking of this commitment no longer adds value. Commitment is canceled.