

## United States Nuclear Regulatory Commission PLANT ISSUE MATRIX

By Primary Functional Area / Issue Date

Region I

VERMONT YANKEE

Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
01/16/2000	1999010	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Observation of Routine Plant Operations</b> Appropriate control of safety system alignments, implementation of Technical Specification required actions, and adequate operability reviews for degraded equipment were observed during routine control room tours.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/16/2000	1999010	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1B <b>Sec:</b> <b>Ter:</b>	<b>Single Reactor Recirculation Loop Operations</b> Operators responded well to the automatic trip of one reactor recirculation pump by promptly taking action to exit the exclusion areas of the power to flow map. The operators also initiated appropriate corrective actions for two additional equipment problems that occurred during the period of single recirculation loop operation.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/16/2000	1999010	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1B <b>Sec:</b> <b>Ter:</b>	<b>Loss of Main Circulating Water Pump Due to Ice in the Intake Structure</b> One circulating water pump tripped due to ice blockage at the intake structure. Prompt operator action to restore normal circulating water flow prevented the loss of condenser vacuum.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 5A <b>Ter:</b>	<b>Plant Shutdown for Refueling Outage</b> Plant operations were well controlled during the shutdown to begin the 1999 refueling outage. Several equipment problems were appropriately addressed and had no significant operational effect. Unnecessary activities in the control room were minimized and operators were appropriately focused on reactivity manipulations.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Overtime Use and Approval</b> VY's procedure for the control of staff working hours was consistent with regulatory guidance. An audit of selected staff and contractor working hours during the 1999 refueling outage found that the procedure controls were effective. No operational or performance events were found attributable to the excessive use of overtime.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3C <b>Sec:</b> 3A <b>Ter:</b>	<b>Shutdown Cooling Operations</b> A planned swap of shutdown cooling subsystems shortly after the reactor shutdown was appropriately evaluated for risk considerations. Primary containment was maintained as a conservative compensatory measure during the swap. The operation was completed with no problems.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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01/18/2000	1999009	<b>Pri:</b> OPS <b>Sec:</b>	Licensee	POS	<b>Pri:</b> 5A <b>Sec:</b> 5C <b>Ter:</b>	<b>Mis-positioned Fuel Assembly During Core Alteration Activities</b> The licensee responded well to a mis-positioned fuel assembly within the spent fuel pool. This event did not adversely affect plant safety.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
11/29/1999	1999-005-00	<b>Pri:</b> OPS <b>Sec:</b>	Licensee	LER	<b>Pri:</b> 3A <b>Sec:</b> 3C <b>Ter:</b>	<b>Inadequate procedures result in the failure to establish the neutron monitoring system configuration required</b> VY identified that a TS requirement for certain neutron monitoring equipment was not met for 13 minutes during a refueling interlock check because of an inadequate surveillance procedure (LER 1999005-00). However, a different neutron monitoring system was operable and administrative controls were in place to preclude any reactivity problems. This Severity Level IV violation is being treated as a Non-Cited Vioation, consistent with Section VII.B.1.a of the NRC Enforcement Policy, (NUREG 1600, November 1999). This violation was entered in VY's corrective action program as ER 99-1528.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Observation of routine plant operations</b> Appropriate control of safety system alignment, implementation of Technical Specification (TS) required actions, and adequate operability reviews for degraded equipment were observed during routine control room tours.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3C <b>Sec:</b> 1A <b>Ter:</b>	<b>Special Test to Increase Core Flow</b> VY's special test procedure to implement increased core flow established conservative procedures for equipment adjustment, incremental flow increases, and verification of acceptable operation. The procedure was methodically performed and no significant operational problems were encountered.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> OPS <b>Sec:</b>	Licensee	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Observation of Routine Plant Operations</b> Proper notification of the control room was made after workers inadvertently damaged support equipment for the high pressure coolant injection system. The control room operators appropriately declared the system inoperable and made the required NRC notification.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008-01	<b>Pri:</b> OPS <b>Sec:</b>	Licensee	NCV	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Failure to Follow Procedure For Restoration of Rod Block Monitor</b> The licensee identified that one rod block monitor (RBM) channel was inadvertently left out of service for several days. Although the TS required action for the inoperable RBM channel was met by default (since it was left in the tripped condition), an operator failed to follow the procedure for restoring the RBM channel to an operable condition, as required. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. This violation was entered in VY's corrective action program as ER 99-1194.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
09/12/1999	1999007	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 5A <b>Ter:</b>	<b>Observation of routine plant operations</b> Appropriate control of safety systems, implementation of Technical Specification required actions, and adequate operability reviews for degraded equipment were observed during routine control room tours.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>VY Quality Assurance Program Implementation</b> A generally effective quality assurance program was being implemented. The use of annual functional area assessments in each department, followed by a general plant assessment, provided good information to VY management regarding overall station performance. Good interaction between the plant staff and the contracted QA group was evident.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>VY Quality Assurance Program Implementation</b> VY made progress in the trending of human performance errors and maintenance rework. Initial human performance training in early 1999 is being followed up with a second class, to be conducted just prior to the Fall 1999 refueling outage. The newly developed definition of maintenance rework encompassed most repeat work activities and was considered a positive initiative.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> OPS <b>Sec:</b>	Self	POS	<b>Pri:</b> 5B <b>Sec:</b> 5C <b>Ter:</b>	<b>Refueling mast damaged during new fuel handling</b> The refueling mast sustained damage when the refueling bridge computer was used to direct movement of a fuel bundle out of the new fuel preparation machine, as was allowed by the operating procedure. Operators responded appropriately to the problem and the overall recovery was well planned and executed.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007-01	<b>Pri:</b> OPS <b>Sec:</b>	Self	NCV	<b>Pri:</b> 2B <b>Sec:</b> 3C <b>Ter:</b>	<b>Inadequate procedure for operation of refueling bridge</b> VY's failure to develop an adequate procedure for operation of the refueling bridge is a violation of the Technical Specifications. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. The issue was entered in VY's corrective action program as ER 99-1019.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/01/1999	1999006	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Service Water System Monitoring During Chemical Treatment</b> The NRC identified two service water leaks from room cooling unit coils. Although the leaks did not render any equipment inoperable, they were not detected by VY's monitoring during a chemical treatment designed to remove microbologically induced corrosion (MIC) from the service water piping.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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08/01/1999	1999006	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 2A <b>Ter:</b>	<b>Safety System Walkdown - Reactor Core Isolation Cooling System</b> The reactor core isolation cooling system was properly aligned to support system operability and no concerns were identified during an NRC walkdown of the system.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/01/1999	1999006	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 5A <b>Ter:</b>	<b>Routine Plant Operations</b> Appropriate control of safety system alignments, implementation of Technical Specification required actions, and adequate operability reviews for degraded equipment were observed during routine control room tours.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> 3C <b>Ter:</b>	<b>Individual control rod scram time testing</b> Good preparation and personnel performance were observed during individual control rod scram time tests on May 25. The pre-job briefing placed appropriate emphasis on the need for good communications, verification of critical steps, and lessons learned from operating experience. Good communication was observed during the second party verification for jumper installation and individual rod scram switch selection.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> 5B <b>Ter:</b>	<b>Observation of routine plant operations</b> Control room operators were conversant regarding the status of plant equipment and the conditions resulting in alarmed control room annunciators. Equipment deficiencies were adequately addressed through use of the corrective action program or work order request process.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
05/09/1999	1999003	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 3C <b>Ter:</b>	<b>Observation of routine plant operations</b> Shift supervision exercised conservative judgement by delaying a test of the standby liquid control system when the high pressure coolant injection system was inoperable.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
05/09/1999	1999003	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 5A <b>Ter:</b>	<b>Observation of routine plant operations</b> Appropriate control of safety system alignments, implementation of Technical Specification (TS) required actions, and adequate operability reviews for degraded equipment were noted during routine control room tours.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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05/09/1999	1999003-01	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 1C <b>Sec:</b> 4C <b>Ter:</b>	<b>Inadequate surveillance procedure allows delay in implementation of TS required actions</b> The NRC identified that a licensee procedure permitted a 24-hour delay in implementing TS requirements if missed or inadequate surveillance procedures were discovered. VY subsequently took interim actions to prevent this practice. The failure to provide an adequate procedure for surveillance testing is a violation of TS 6.5, Plant Operating Procedures. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
05/28/1999	1999-302	<b>Pri:</b> OPS <b>Sec:</b>	NRC	LIC	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Reactor operator initial examination report</b> Overall, the as-submitted examination materials were acceptable. Few changes to the proposed exam were requested by the NRC staff. Two questions were replaced and six questions were revised to meet the examination standards. Additionally, the operating test contained two administrative job performance measures which needed to be replaced. Facility personnel agreed with the written and operating test comments and subsequently incorporated them adequately in the final exam. (from Inspection Report 99-302)
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
05/28/1999	1999-302	<b>Pri:</b> OPS <b>Sec:</b>	NRC	LIC	<b>Pri:</b> 3B <b>Sec:</b> <b>Ter:</b>	<b>Reactor operator initial examination report</b> Two reactor operator applicants were administered initial licensing exams. One applicant was administered only the written examination, as all other portions of the exam were previously passed and were waived for this exam. Both reactor operator applicants passed the examination. (from Inspection Report 99-302)
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 5A <b>Ter:</b>	<b>Observation of routine plant operations</b> Appropriate control of safety system alignments, implementation of Technical Specification (TS) required actions, and adequate operability reviews for degraded equipment were observed during routine control room tours.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>Torus level instrumentation operator workaround</b> VY completed the installation and testing of new torus narrow range level indication. The improved instrumentation eliminated the need for restrictive administrative controls that had been used to compensate for instrument uncertainty. This modification effectively eliminated a long standing operator workaround.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002-01	<b>Pri:</b> OPS <b>Sec:</b>	Licensee	NCV	<b>Pri:</b> 5A <b>Sec:</b> 5C <b>Ter:</b>	<b>Failure to perform IST as required by ASME Code</b> VY properly identified, evaluated, and resolved an inservice test procedure deficiency associated with the core spray pump discharge check valves. Prompt actions were taken to demonstrate operability of the valves and inservice test program documentation changes have been initiated. The past failure to perform inservice testing in accordance with the ASME Code is a violation of TS requirements. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as Event Report (ER) 99-0318 (NCV 50-271/99-02-01).
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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03/28/1999	1999002-02	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 1A <b>Sec:</b> <b>Ter:</b>	<b>Failure to maintain diesel generator exhaust fan control setting as required by procedure.</b>  Technical Specification 6.5 requires adherence to procedures for operation of plant equipment. Operations procedure OP-2126, "Diesel Generator," specifies settings for the exhaust fan control, RATS-1A. Contrary to the above, on January 5, 1999, the NRC found that the high temperature setpoint of RATS-1A was at the incorrect setting. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as ER 99-0020 (NCV 50-271/99-02-02).
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> OPS <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 5A <b>Sec:</b> 5B <b>Ter:</b>	<b>Routine plant operations</b>  On two occasions, VY operators did not document a basis for leaving degraded safety-related components in service. After NRC discussions with VY management, appropriate actions were taken. No violations of Technical Specification action requirements occurred and VY has initiated corrective actions to address deficiencies in the procedural guidance for making operability determinations.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1A <b>Sec:</b> 3A <b>Ter:</b>	<b>Power reduction in support of maintenance.</b>  Plant operations were well controlled during a planned power reduction for maintenance and a rod pattern exchange. Operators demonstrated good procedure use and formal communications. Reactivity manipulations and a recirculation pump start were done methodically.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/28/1999	1999301	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3B <b>Sec:</b> 1A <b>Ter:</b>	<b>Reactor Operator and Senior Reactor Operator Initial Exams</b>  Five RO applicants and two SRO applicants were administered initial licensing exams. One RO applicant failed the written examination but passed the other portions of the exam. All other applicants successfully passed all portions of the exam.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/28/1999	1999301	<b>Pri:</b> OPS <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3B <b>Sec:</b> 1A <b>Ter:</b>	<b>Reactor Operator and Senior Reactor Operator Initial Exams</b>  Overall, the as-submitted examination materials were acceptable. However, three alternate path job performance measures (JPMs) did not meet the guidelines of the Examination Standards. Facility staff subsequently prepared acceptable replacement JPMs. Facility staff also modified written exam questions to eliminate questions with two correct answers. The proposed simulator scenarios were acceptable
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/16/2000	1999010	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Maintenance and Surveillance Observations</b>  There were no significant problems identified during the observation of routine maintenance and surveillance activities during this inspection period.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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01/16/2000	1999010	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Reactor Recirculation Pump Motor Generator Lube Oil System Valve Failures</b> Equipment failures associated with the reactor recirculation system were appropriately evaluated by VY's Maintenance Rule Program.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/16/2000	1999010	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3C <b>Sec:</b> <b>Ter:</b>	<b>Reactor Recirculation Pump Motor Generator Lube Oil System Valve Failures</b> Corrective maintenance for failure of two recirculation motor generator lubricating oil (LO) system valves was well planned and supported by the VY organization. The decision to remain at reduced power to address the potential for the same problem with the other recirculation motor generator LO system was conservative.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/16/2000	1999010-02	<b>Pri:</b> MAINT <b>Sec:</b>	Licensee	NCV	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Failure to Follow Procedure for MOV Maintenance</b> Maintenance on the internals of six risk-significant safety-related valves was not performed correctly by contractor technicians during refueling outages in 1995, 1996, and 1998. The failure to properly implement procedures for chamfering of valve internal surfaces is a violation of Technical Specification requirements. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Section VII.B.1.a of the NRC Enforcement Policy (NUREG 1600, November 1999). This violation was entered in VY's corrective action program as Event Reports 98-0986 and 98-1367. (Section M8.1)
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Calibration of Source Range Monitor (SRM) Setpoints</b> The source range monitoring system neutron flux trip setpoints were properly reduced to support the plant refueling operations. The inspector observed some work performance deficiencies during this activity, however there was no impact on the final outcome of the task. The licensee's planned and completed actions for addressing the deficiencies appeared appropriate.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 5B <b>Sec:</b> <b>Ter:</b>	<b>Residual Heat Removal Valve Stem Failure</b> VY's initial response and evaluation of a Residual Heat Removal valve performance anomaly was not thorough and did not have adequate engineering involvement. While following up on NRC questions, engineering personnel identified that the initial evaluation was incorrect and that the valve was degraded. When valve RHR-65B was disassembled, VY discovered its stem was broken.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Inservice Inspection</b> Inservice inspection activities during the 1999 refueling outage were performed acceptably and included acceptable ASME program coverage, qualified personnel, approved procedures, proper implementation, appropriate examination documentation, and VY oversight. NDE results were well documented and indications were appropriately recorded and resolved. VY's inspections were thorough and of sufficient extent to determine the integrity of the components inspected.
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<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3C <b>Sec:</b> 5A <b>Ter:</b>	<b>Oversight of Contractor Activities During the 1999 Refueling Outage</b> Overall, the control of contractors and station personnel with regards to following procedures has improved since the last refueling outage. The additional oversight helped to ensure the proper identification and correction of problems. A review of QA observations and Event Reports from the outage found few issues directly or indirectly related to contractor activities. Good oversight was provided by the designated VY representatives and frequent QA observations.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>Control Rod Drive Mechanism (CRDM) Binding</b> The VY organization responded well when a replacement control rod drive mechanism became stuck as operators attempted to couple its control blade. There was no immediate safety issue associated with the stuck mechanism and an appropriate safety focus was maintained during the development and execution of a recovery plan. VY completed appropriate inspections of the control blade prior to the installation of a new drive mechanism.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009-01	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 3C <b>Sec:</b> <b>Ter:</b>	<b>Failure to Translate MOV Design into Operating Procedures</b> The design capability of the RHR heat exchanger bypass valves (based on torque switch settings) was not appropriately incorporated into two operating procedures as required by Quality Assurance requirements for Design Control (10CFR50, Appendix B, Criterion III). This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Section VII.B.1.a of the NRC Enforcement Policy, (NUREG 1600, November 9, 1999). This violation was entered in VY's corrective action program as ER 99-1493 and ER 99-1427.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 3A <b>Sec:</b> 3C <b>Ter:</b>	<b>In-Plant Outage Preparations</b> Several non-conforming conditions were identified by the NRC during inspections of pre-outage work in the plant. The most significant problem involved an electrical breaker on a safety-related switchboard that was inadvertently opened and not noticed by the workers. VY management took prompt action to investigate and resolve the individual issues. In addition, VY management took more generic action to re-emphasize their expectations regarding the need for careful performance of pre-outage maintenance.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 4C <b>Sec:</b> 5A <b>Ter:</b>	<b>Post Accident Sampling System Surveillances</b> The NRC identified that VY failed to perform routine functional tests of the Post Accident Sampling System which were committed to in their response to NUREG 0737 Item II.B.3. Once notified, VY appropriately placed this issue in their corrective action program. On October 20, technicians successfully performed a functional test of the sampling system in the presence of Quality Assurance personnel.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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10/24/1999	1999008	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Maintenance and Surveillance Observations</b>  The selected portions of routine maintenance and surveillance activities reviewed by the inspector were performed in accordance with approved procedures and work documents.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>Corrective Actions for 1998 Refuel Outage Contractor Control Problems</b>  The licensee appropriately evaluated the causes of the contractor related work problems during the 1998 refueling outage and identified good corrective actions. Between individual event reports and a Continuous Process Improvement (CPI) team, 20 corrective actions were identified to address the common issues of procedure adequacy, qualification of contract personnel for work assigned, and adequacy of supervision. The most significant cause was a lack of supervision commensurate with the skills of contract personnel. As a result, VY intends to provide increased field supervision during the upcoming outage.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> MAINT <b>Sec:</b>	Self	NEG	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Reactor Core Isolation Cooling Pump Surveillance Test</b>  The inspector concluded that in the licensee's tracking of open items resulting from the set point upgrade program calculations was weak. However, this concern had been previously identified by the licensee during a self-assessment and corrective actions were initiated. No operability problems were identified by the inspector and the licensee's review of similar calculations was scheduled to be completed by December 31, 1999.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>Reactor Core Isolation Cooling Pump Surveillance Test</b>  Operators performed the RCIC pump surveillance test well. The test acceptance criteria provided adequate margin to account for instrument loop uncertainty.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>4160 Volt AC Circuit Breaker Overhauls</b>  The initial 4 kV circuit breaker overhauls using a new preventive maintenance procedure were performed well. The procedure was adequate and incorporated corrective actions from evaluations of previous breaker failures at VY. Electrical maintenance personnel were knowledgeable of their activities and implemented proper verifications and peer checks.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Routine Maintenance and Surveillance</b>  Routine maintenance and surveillance activities were performed well. A degraded condition identified during a high pressure coolant injection system surveillance was appropriately evaluated for operability impact and was then entered into the corrective action program for further evaluation. The replacement of a failed traversing in-core probe detector was carefully controlled, with good consideration of the radiological hazard.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

## United States Nuclear Regulatory Commission PLANT ISSUE MATRIX

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
08/27/1999	1999011-01	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	IFI	<b>Pri:</b> 5B <b>Sec:</b> <b>Ter:</b>	<b>Surveillance conducted without entering an LCO</b> The licensee's operability determination following a temporary loss of the standby liquid control (SLC) "B" sub-system explosive valve monitoring circuit was acceptable. However, the inspectors noted the licensee does not routinely declare Technical Specification equipment inoperable during surveillance activities. This issue, which the licensee previously identified and is evaluating, will be a NRC follow-up item.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/01/1999	1999006	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>Maintenance and Material Condition of Facilities and Equipment</b> The NRC identified several material deficiencies on the two emergency diesel generators. Although the deficiencies had not affected operability, they collectively demonstrated that prior maintenance activities were not well controlled and that routine monitoring of the equipment's condition was not sufficient. Individual corrective actions have been completed and VY is evaluating a systemic approach to prevent repeat problems.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/01/1999	1999006	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Maintenance Observations</b> The observed maintenance activities were performed well. Good radiological protection department support was noted during work on two main turbine stop valves located in a high radiation area.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/01/1999	1999006	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> 5A <b>Ter:</b>	<b>Surveillance Observations</b> Surveillance activities observed during this inspection were performed well. VY's early identification of degradation on several AS-2 battery cells demonstrated a good attention to detail during the routine surveillance. All of the surveillance criteria were met and the AS-2 battery remains operable.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/11/1999	1999012	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Maintenance Rule Periodic Assessment</b> The evaluation of several SSCs including some risk significant SSCs were not documented in the periodic assessment and this indicated a lack of attention to maintenance rule activities.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/11/1999	1999012	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Maintenance Rule Periodic Assessment</b> The evaluation of risk significant (a)(1) and (a)(2) structures, systems and components (SSCs) that were reviewed by the inspector were done in a satisfactory manner.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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08/11/1999	1999012-01	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	VIO IV	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Failure to balance reliability and unavailability in the periodic evaluation required 10 CFR 50.65(a)(3).</b>  Monitoring of equipment performance during the refueling outage from March 21, 1998 to May 31, 1998 was not adequate to assess maintenance effectiveness or to balance reliability and unavailability for a number of risk significant SSCs. This was a violation of NRC requirements. The violation was cited because it was identified by the NRC and could have reasonably been prevented by corrective actions for a previous violation. Also, the violation was not placed into the corrective action program.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1C <b>Sec:</b> 3C <b>Ter:</b> 3A	<b>Observation of Instrument and Control Maintenance Activities</b>  Several examples of poor work practices and informal work controls were noted during a week long observation of Instrument and Controls (I&C) maintenance. VY relies strongly on the skill-of-the-craft, verses detailed work plans or procedures. The level of knowledge, training, and experience of the I&C staff were good. The weaknesses noted during this inspection did not appear to reduce the overall effectiveness of the observed maintenance activities.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> 3A <b>Ter:</b>	<b>Maintenance observations</b>  Routine maintenance activities this period involving the high pressure coolant injection (HPCI) and service water system were adequately completed. A gasket for the HPCI exhaust line rupture disk was not properly installed, but was identified during the post maintenance test. This maintenance performance issue was entered in VY's corrective action process. Equipment unavailability time was tracked in accordance with VY's program for evaluating the effectiveness of maintenance.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>I &amp; C Corrective Action and Maintenance Backlog Review</b>  Active management of the I&C corrective action and maintenance backlog was evident, in that the number of safety-related and environmentally qualified items in the backlog was low. The inspector concluded that, although the I&C backlog had increased over the last 12 months, backlog items had been appropriately prioritized.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
05/09/1999	1999003	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Surveillance observations</b>  The surveillance testing performed on a core spray sub-system, an emergency diesel generator, and the standby liquid control system were performed in accordance with plant procedures and satisfied Technical Specification requirements. The equipment was appropriately returned to standby alignment following the testing.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
05/09/1999	1999003	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> 3C <b>Ter:</b>	<b>Maintenance observations</b>  Good preparation and implementation were observed during corrective maintenance on a reactor protection system (RPS) relay. Maintenance personnel used a shop mock-up to review the work plan, exercised appropriate precautions to preclude impacts on the remaining RPS channels, and completed the work in a timely manner.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
03/28/1999	1999002	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Surveillance observations</b> The surveillance activities observed during this period were correctly performed. Good procedure use and attention to detail were noted during tests of the high pressure coolant injection (HPCI) system's isolation instrumentation.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> 2B <b>Ter:</b>	<b>Maintenance observations</b> The maintenance activities observed during this period were performed well. Workers demonstrated appropriate foreign material exclusion precautions during maintenance on the reactor core isolation cooling (RCIC) system. Administrative problems were noted with a work package for maintenance on the standby gas treatment system (SBGT), but they did not affect the quality of the work. Modification work to the switchgear and cable vault fire suppression systems were appropriately supported by system engineering.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002	<b>Pri:</b> MAINT <b>Sec:</b>	Licensee	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>EDG heat exchanger/service water expansion joint</b> NRC questions concerning a degraded service water connection to the "B" emergency diesel generator were adequately addressed by VY through the corrective action process. In reviewing this issue, VY identified that the subject service water expansion joints were elongated beyond their design limit. An operability determination was developed to address the problem for the short term, but a modification to the piping and/or replacement of the connections is anticipated as the final corrective action.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002-03	<b>Pri:</b> MAINT <b>Sec:</b>	Licensee	NCV	<b>Pri:</b> 2B <b>Sec:</b> <b>Ter:</b>	<b>Inadequate procedures for 1996 MSIV repairs</b> Technical Specification 6.5 requires detailed procedures be prepared, approved, and adhered to for corrective maintenance. Contrary to the above, VY failed to provide adequate procedures for maintenance (weld repairs) of main steam isolation valves during the 1996 refueling outage. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. This violation is in the licensee's corrective action program as ER 98-0476 (NCV 50-271/99-02-03).
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Maintenance observations and findings</b> The maintenance activities observed during this period were performed well. Workers demonstrated appropriate radiological control techniques and received appropriate RP coverage. Procedural requirements for foreign material exclusion were adhered to and no significant performance deficiencies were noted.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Surveillance observations</b> The surveillance activities observed during the period were correctly performed. Test activities were well controlled and coordinated by the control room operators.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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02/14/1999	1999001	<b>Pri:</b> MAINT <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> 5B <b>Ter:</b> 5C	<b>Control rod drive pump maintenance rework</b> Rework of the "B" control rod drive (CRD) pump following an overhaul was the result of unforeseen test equipment limitations. The alignment tolerances required for a new style of pump bushings had not been recognized by the pump vendor or VY, and exceeded the limitations of the alignment tool. VY appropriately resolved this issue and subsequent pump performance has been satisfactory.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/16/2000	1999010-03	<b>Pri:</b> ENG <b>Sec:</b>	Licensee	NCV	<b>Pri:</b> 4A <b>Sec:</b> <b>Ter:</b>	<b>Unverified Design Inputs in MOV Calculations</b> In 1998, VY identified that the chamfer dimensions on the internal edges of five high energy line break isolation valves were inconsistent with applicable work documents and design calculations. These inconsistencies were corrected prior to the plant restarting from the spring 1998 refueling outage. However, the failure to use appropriate calculation inputs was identified as a violation of the design control requirements of 10 CFR 50, Appendix B, Criterion III. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Section VII.B.1.a of the NRC Enforcement Policy, (NUREG 1600, November 1999). This violation was entered in VY's corrective action program as Event Report 98-1051. (Section E8.1)
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009-03	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 4A <b>Sec:</b> <b>Ter:</b>	<b>Failure to Perform Safety Evaluation During 1990 EOP Changes</b> An NRC review of Emergency Operating Procedure actions for containment flooding identified that VY's 1990 incorporation of generic guidance resulted in an unreviewed safety question (USQ). VY's implementation of this change, without prior NRC approval, is a violation of 10CFR50.59. The procedures have since been appropriately revised and this error is not considered indicative of current licensee performance. Due to the overall low risk significance of containment flooding, this violation is being treated as a Severity Level IV, Non-Cited Violation, consistent with Section VII.B.1.a of the NRC Enforcement Policy, (NUREG 1600, November 9, 1999). This violation was entered in VY's corrective action program as ERs 97-0273, 97-0479, and 97-1328.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009-04	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 4A <b>Sec:</b> <b>Ter:</b>	<b>Inadequate Design Control for 1992 Hardened Vent Modification</b> VY's failure to evaluate the effect of containment flooding during a 1992 design change for a containment hardened vent is a violation of Quality Assurance requirements (10CFR50 Appendix B, Criterion III, Design Control). Potential problems were resolved by subsequent procedure changes and this error is not indicative of current engineering performance. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Section VII.B.1.a of the NRC Enforcement Policy, (NUREG 1600, November 9, 1999). This violation was entered in VY's corrective action program as ER 97-306. (Section E8.1)
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
09/12/1999	1999007	<b>Pri:</b> ENG <b>Sec:</b>	Licensee	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>Remediation of Computer Systems for Year 2000 Rollover</b> As of September 16, 1999, VY completed Y2K Readiness Program activities for the systems required by NRC regulation and for those systems necessary for continued operation. The Security Computer, Plant Process Computer Software, and Refueling Platform remediation projects were completed ahead of the October 31, 1999 target date reported by VY in their response to Generic Letter 98-01.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4A <b>Sec:</b> <b>Ter:</b>	<b>Safety-significant design modifications</b>  The design changes, both temporary and permanent, were properly documented and evaluated in accordance with 10 CFR 50.59 to ensure that they did not involve an unreviewed safety question. Design drawings and calculations had been properly revised and developed, as applicable. No concerns were identified with the installation or post-modification testing of the revised design.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4A <b>Sec:</b> <b>Ter:</b>	<b>Control of design bases</b>  The system design basis documents were consistent with the Final Safety Analysis Report (FSAR), comprehensive, appropriately updated and controlled, and had clear reference to supporting documentation.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4B <b>Sec:</b> <b>Ter:</b>	<b>Engineering support of site activities</b>  The engineering response to Event Reports in support of plant operations was acceptable with appropriate bases for operability assessments and reportability determinations. The problems and corrective actions identified were appropriately entered into the corrective action program for tracking and closure.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4B <b>Sec:</b> <b>Ter:</b>	<b>System engineering training and qualification</b>  The system engineering organization was relatively new and included several engineers that had either limited system experience or were new to the site. Therefore, the effectiveness of the organization appeared limited. Nonetheless, the engineers interviewed indicated a strong desire to take on the assigned responsibilities and be directly involved in the activities related to their respective systems.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4C <b>Sec:</b> <b>Ter:</b>	<b>Engineering calculations</b>  The engineering calculations reviewed were acceptable, adequately controlled and in accordance with the existing procedure. The assumptions, methodology, and conclusions were typically appropriate and acceptable, although occasionally some of the assumptions or their basis were not clearly stated.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4C <b>Sec:</b> <b>Ter:</b>	<b>Engineering backlog</b>  The licensee was acceptably managing the engineering work backlog and was making good progress in developing trend data.
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08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4C <b>Sec:</b> <b>Ter:</b>	<b>Design modification process</b> The procedures for the design, evaluation, installation and testing of permanent and temporary plant modifications were acceptable and sufficiently detailed to ensure proper implementation of the change process and to ensure that the change did involve an unreviewed safety question.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4C <b>Sec:</b> 5A <b>Ter:</b>	<b>Engineering FSAR accuracy verification program</b> The FSAR Accuracy Verification Program was effective in finding and correcting the FSAR discrepancies. Discrepancies were appropriately reviewed and dispositioned in accordance the program procedures and/or the corrective action program. The FSAR revisions were properly implemented.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Review of self-assessment activities</b> The engineering program evaluations conducted by the Quality Assurance (QA) organization and self-assessments conducted by Engineering were effective in identifying engineering program areas for improvement. The QA audits were broad in scope and addressed most engineering programs. Findings were formally tracked and observations appropriately reviewed and resolved.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>Operability determinations</b> The licensee made significant improvement in addressing degraded conditions and reducing the number of open Basis for Maintaining Operation (BMO) determinations. Also, the process for operability determinations (BMOs) was clarified.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/27/1999	1999011-03	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 4A <b>Sec:</b> <b>Ter:</b>	<b>Inadequate design control in the upgrade modification of RHR and CS RG 1.97 instruments</b> The licensee's review and actions to resolve the cable separation issue created during the upgrade of the residual heat removal (RHR) and core spray (CS) instruments to the Regulatory Guide 1.97 Category 1 criteria were acceptable. However, this non-repetitive licensee-identified and already corrected violation of 10 CFR 50, Appendix B, Criterion III requirements is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/01/1999	1999006	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 4B <b>Sec:</b> <b>Ter:</b>	<b>Review of Actions to Address High Ambient Temperature</b> VY engineering effectively supported plant operations by identifying measures to reduce the operational impact from high ambient temperatures during the summer of 1999.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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08/01/1999	1999006	<b>Pri:</b> ENG <b>Sec:</b>	Licensee	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Design Basis Calculation for Torus Vacuum Breakers</b>  VY identified that an existing design basis calculation for the torus-to-reactor building vacuum breakers was inconsistent with the current plant configuration. Initial VY evaluation concluded that this inconsistency could have created a condition outside the plant's design basis, and the issue was conservatively reported to the NRC under 10 CFR 50.72. Pending re-analysis, VY demonstrated that the vacuum breakers were operable under the existing plant conditions. VY subsequently concluded that the vacuum breakers met their design basis under all conditions, and the initial NRC notification was retracted.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
08/01/1999	1999006-02	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 4A <b>Sec:</b> <b>Ter:</b>	<b>Inadequate Design Control for Torus-to-Reactor Building Vacuum Breaker Modification</b>  However, VY's failure to revise the limiting case analysis for containment depressurization to reflect a design change (during plant construction) was a violation of 10 CFR 50, Appendix B, Criterion III, "Design Control." This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. The issue was entered in VY's corrective action program as ER 99-0773.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005-02	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NCV	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>Inadequate operating procedure for the Alternate Cooling System.</b>  The NRC identified that the operating procedure for the alternate cooling system (ACS) contained insufficient guidance to ensure that all ACS design functions could be accomplished. The failure to provide an adequate procedure for operation of this system is a violation of Technical Specification 6.5, "Plant Operating Procedures." The safety impact of this problem was minimal since the spent fuel pool had been analyzed up to 200 F, and sufficient time would have been available for the emergency response organization to provide guidance during an actual event requiring ACS operation. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. The issue was entered in VY's corrective action program as ER 99-0658.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005-03	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 4A <b>Sec:</b> 1C <b>Ter:</b>	<b>Inadequate control of purchased engineering services.</b>  VY failed to provide adequate quality assurance controls for purchased engineering design services associated with the scram discharge volume drain valves installed during the 1998 refueling outage. As a result, the inadequate vendor supplied design was not identified and the valves failed while in service. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy. This violation was entered in VY's corrective action program as ER 98-2201.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
05/09/1999	1999003-03	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 2B <b>Sec:</b> 5B <b>Ter:</b>	<b>Missed ASME pre-service inspection of MSIV</b>  In May 1998, VY identified an inspection was not performed of a valve repair using the examination method required by the ASME Code. VY did use an alternative examination method, but the approval required by the ASME Code was not obtained prior to returning the valve to service. VY's failure to follow the ASME Code requirement was reported in LER 98-018 as a violation of TS 4.6.E and was entered into the licensee's corrective action system. This Severity Level IV violation is being treated as a Non-Cited Violation, consistent with Appendix C of the NRC Enforcement Policy.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002	<b>Pri:</b> ENG <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>Standby gas treatment system moisture separator</b>  The NRC identified a potential mechanism for degradation of the standby gas treatment system's moisture separators. VY's examination and testing of the moisture separators, and associated drains, found a sufficient debris accumulation to warrant VY's consideration of periodic cleaning and inspection. Based on the as-found condition of the equipment, there was no concern for operability prior to the cleaning.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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VERMONT YANKEE

Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
02/14/1999	1999001	<b>Pri:</b> ENG <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>New baseline data for RHR service water pump testing</b>  As short-term corrective action for degraded RHRSW pump performance, VY dis-associated the pump surveillance tests required by the Technical Specifications and the ASME Code. The two separate tests continue to meet regulatory requirements, monitor for further pump degradation, and assure that design basis functions can be accomplished.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radiological Controls (Program Changes)</b>  VY continued to maintain a good radiation protection program. In general, improved work planning and controls were well implemented. Emergent work was formally evaluated and approved for addition to outage scope. No changes were identified that adversely affected radiation protection program performance.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Refueling Outage Radiological Controls (ALARA) Planning and Performance</b>  Overall, VY implemented an effective ALARA program. There was effective planning and preparation for outage radiological work activities. VY implemented good efforts to reduce personnel occupational exposure for work activities to as low as is reasonably achievable.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Refueling Outage Radiological Controls (Internal and External Exposure Controls)</b>  Applied radiological controls for ongoing work activities were generally well implemented. No significant unplanned personnel external or internal exposures were identified. No significant airborne radioactivity was identified and no individuals sustained any significant airborne radioactivity intake.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Refueling Outage Radiological Controls (Control of Radioactive Materials and Contamination)</b>  Overall, VY implemented a good radioactive material and contamination control program. Radioactive material was properly labeled, stored, and controlled; contamination monitoring equipment was operable, within calibration, and properly used by personnel. Radiation and contamination surveys were observed to be generally comprehensive and detailed with some exceptions noted. There were minimal instances of personnel contamination during the outage and no significant dose consequences.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Audits, Surveillances, and Self-Assessment Activities</b>  VY implemented overall good oversight of ongoing radiological controls activities. There was good in-field presence by QA personnel and supervisors were conducting daily observations of ongoing work activities. Performance assessment findings were provided to plant management.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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01/18/2000	1999009	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>Plant Tour Observations</b> VY implemented overall good housekeeping within radiological controlled areas.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/18/2000	1999009-05	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NCV	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Failure to Adequately Inform Workers of Radiation Dose Rate</b> One violation for the failure to inform workers of elevated radiation dose rates in their work area was identified by the NRC. This Severity Level IV violation is being treated as an NCV, consistent with Section VII.B.1.a of the NRC Enforcement Policy, (NUREG 1600, November 9, 1999). The violation was entered in VY's corrective action program as ER 97-1503.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>ALARA Planning For the Outage</b> VY was performing good overall ALARA planning for outage work activities. Outage exposure goals were based on analysis of planned work activities and estimated person-hours in radiological work areas. Recently added work scope had no perceivable impact on ALARA exposure goals. New mock-ups for MSIV work planning were to be constructed and used based on Station ALARA Committee recommendations.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Miscellaneous RP&amp;C Issues</b> VY consolidated its records of onsite spill events in a detailed matrix format and conducted and documented additional evaluations of potential onsite and offsite dose consequences. The reviews and pathway analyses did not identify any significant potential doses onsite or offsite. VY was continuing to review areas for potential hard to detect radionuclides. Unresolved item 50-271/99-01-04 was closed.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Conduct of Security and Safeguards Activities</b> Security and safeguards activities were conducted in a manner that protected public health and safety in the areas of alarm stations, communications, and protected area access control of personnel and packages. This portion of the program met the licensee's commitments and NRC requirements.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>Status of Security Facilities and Equipment</b> Protected area assessment aids, protected area detection aids, and personnel search equipment were well maintained and reliable.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3A <b>Sec:</b> <b>Ter:</b>	<b>Security and Safeguards Procedures and Documentation</b> Security and safeguards procedures and documentation were properly implemented. Event logs were properly maintained and effectively used to analyze, track, and resolve safeguards events.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3B <b>Sec:</b> <b>Ter:</b>	<b>Security and Safeguards Staff Knowledge and Performance</b> The security force members (SFMs) adequately demonstrated that they had the requisite knowledge necessary to effectively implement their duties and responsibilities.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3C <b>Sec:</b> <b>Ter:</b>	<b>Security and Safeguards Staff Training and Qualification</b> Training was conducted in accordance with the Training and Qualification plan, and based upon interviews and inspector observations was considered effective.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 3C <b>Sec:</b> <b>Ter:</b>	<b>Security Organization and Administration</b> Management support was adequate to ensure effective implementation of the security program, as evidenced by adequate staffing levels and the allocations of resources to support programmatic needs.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Quality Assurance in RP&amp;C Activities</b> VY was providing focused quality assurance oversight of pre-outage planning and preparation activities. Areas of concern were entered into the corrective action program.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
10/24/1999	1999008	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5C <b>Sec:</b> <b>Ter:</b>	<b>Outage Planning and Preparation</b> VY exhibited improved performance in the area of outage planning and preparation as compared to the previous outage. Significant improvement in management oversight of outage planning and preparation was noted.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
08/01/1999	1999006	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Contamination Control Practices</b>  Several conditions that could have spread contamination or indicated a change in radiological conditions were identified during routine NRC plant walkdowns. Although no actual contamination issues resulted, the inspector considered that the conditions had likely existed long enough to have previously been identified by VY plant personnel.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radiological Protection and Chemistry</b>  The licensee maintained their Radiological Environmental Monitoring Program (REMP) in an effective manner with respect to sampling, analyzing, and reporting per their Offsite Dose Calculation Manual (ODCM) and in conducting safety reviews to properly bound unmonitored release pathways through 10 CFR 50.59 analysis.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Calibration of Effluent/Process Radiation Monitoring Systems</b>  The licensee maintained their REMP related equipment in an effective manner with respect to calibration of air samplers and the primary and secondary meteorological towers.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
06/20/1999	1999005	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> 5C <b>Ter:</b> 1C	<b>Quality Assurance in PR &amp; C Activities</b>  The licensee established, implemented, and maintained an effective quality assurance program for the REMP through QA audits of the contractor laboratory, intra-laboratory comparisons by the contractor laboratory, and performance-based self-assessments.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
04/28/1999	1999004	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Activation of Technical Support Center</b>  While activation of the TSC was completed within 50 minutes of the alert declaration, initial administrative duties performed by the TSC coordinator could result in an untimely activation should an event occur during off-hours when Emergency Response Organization members are coming from offsite.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
04/28/1999	1999004	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	NEG	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>Degraded condition of air monitor in TSC/OSC</b>  The continuous air monitor used in the Technical Support Center/Operations Support Center operated in a degraded condition during the exercise but was operable. The licensee acknowledged problems with the operation of the monitor during the exercise and initiated action within its corrective action system to prevent recurrence of the problems.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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04/28/1999	1999004	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Overall licensee performance</b>  Overall licensee performance during this exercise was good as the Emergency Response Organization demonstrated that it could implement the emergency plan. Facilities were activated in a timely manner, classifications and notifications were accurate and timely, and Protective Action Recommendation's were appropriate.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
04/28/1999	1999004	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 5A <b>Sec:</b> <b>Ter:</b>	<b>Critique of EP Exercise</b>  During the critique, the licensee identified issues in addition to the ones identified by the inspectors. Positive and negative items were noted. Overall, the critique was thorough and appropriately self-critical.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
03/28/1999	1999002	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 2A <b>Sec:</b> <b>Ter:</b>	<b>Emergency Diesel Generator Sprinkler Systems</b>  On February 25, 1999, VY completed modifications to the Emergency Diesel Generator rooms' sprinkler systems that increased the gallons-per-square foot coverage. The manual sprinkler system had been degraded, but functional, since August 1997 because it could not provide the water density described in the VY licensing basis. The modifications provided a good resolution by restoring the original design capacity.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Radiation protection program performance</b>  VY established and implemented an effective external and internal exposure control program. There were no significant radiation exposures and VY met its major occupational exposure goals for 1998. VY was initiating action to replace its electronic dosimeters to improve personnel exposure monitoring.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Applied radiological controls</b>  VY implemented generally effective applied radiological controls. High radiation area access controls were implemented in accordance with procedures and general radiation protection program practices and procedures (e.g., posting, barricading, and access controls) were appropriately implemented. Station areas reflected generally good contamination controls practices. The areas were generally clean and equipment was neatly stored. Areas for improvement were identified in the area of radioactive source storage and control and monitoring of RCA egress points.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Conduct of security and safeguards activities</b>  VY Security activities involving alarm stations, communications, and access control for personnel and packages were conducted well. This portion of the program, as implemented, met the licensee's commitments and NRC requirements.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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Date	Source	Functional Area	ID	Type	Template Codes	Item Title Item Description
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Quality Assurance in RP &amp; C Activities</b> VY implemented generally effective self-assessments, surveillances, and audits of radiation protection program activities.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Status of security facilities and equipment</b> Security facilities and equipment associated with the protected area assessment aids, protected area detection aids, and personnel search equipment were determined to be well maintained and reliable. The equipment was capable of meeting the licensee's commitments and NRC requirements.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Security and Safeguards Procedures and Documentation</b> Security procedures and documentation were properly implemented. Event logs were properly maintained and effectively used to analyze, track, and resolve safeguards events.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Security and Safeguards Staff Knowledge and Performance</b> The security force members demonstrated the requisite knowledge to effectively implement the duties and responsibilities of their positions.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Security and Safeguards Staff Training and Qualification</b> Security training was conducted in accordance with the Training and Qualification Plan, and based on interviews, and inspector observations, the training was considered effective.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Security Organization and Administration</b> VY management support was adequate to ensure effective implementation of the security program, and was evidenced by adequate staffing levels and the allocations of resources to support programmatic needs.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	POS	<b>Pri:</b> 1C <b>Sec:</b> <b>Ter:</b>	<b>Quality Assurance in Security and Safeguards Activities</b>  VY's Security audit program was comprehensive in scope and depth, the audit findings were reported to the appropriate level of management, and the program was being properly administered. In addition, a review of the documentation applicable to the self-assessment program indicated that the program was being effectively implemented to identify and resolve potential weaknesses.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
02/14/1999	1999001	<b>Pri:</b> PLTSUP <b>Sec:</b>	Licensee	POS	<b>Pri:</b> 5B <b>Sec:</b> <b>Ter:</b>	<b>Fire Systems Out of Service for Greater Than 14 Days</b>  VY's response to industry information on inadvertent fire protection system actuations was thorough and identified a potential problem with the timing modules used in several systems at the station. The special report and compensatory actions required by Technical Specifications were completed. Fire detection systems remained operable and the measures taken by VY to support the manual use of the CO2 systems, if required, were considered prudent.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						
01/16/2000	1998008-08	<b>Pri:</b> PLTSUP <b>Sec:</b>	NRC	URI	<b>Pri:</b> <b>Sec:</b> <b>Ter:</b>	<b>ALTERNATIVE TESTING OF CO2 FIRE EXTINGUISHING SYSTEM</b>  The alternative testing performed on the total flooding carbon dioxide fire suppression systems for the east and west switchgear rooms was evaluated by the Office of Nuclear Reactor Regulation and found to be acceptable.
<b>Dockets Discussed:</b> 05000271 Vermont Yankee						

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## Legend

### Type Codes:

BU	Bulletin
CDR	Construction
DEV	Deviation
EEI	Escalated Enforcement Item
IFI	Inspector follow-up item
LER	Licensee Event Report
LIC	Licensing Issue
MISC	Miscellaneous
MV	Minor Violation
NCV	NonCited Violation
NEG	Negative
NOED	Notice of Enforcement Discretion
NON	Notice of Non-Conformance
OTHR	Other
P21	Part 21
POS	Positive
SGI	Safeguard Event Report
STR	Strength
URI	Unresolved item
VIO	Violation
WK	Weakness

### Template Codes:

1A	Normal Operations
1B	Operations During Transients
1C	Programs and Processes
2A	Equipment Condition
2B	Programs and Processes
3A	Work Performance
3B	KSA
3C	Work Environment
4A	Design
4B	Engineering Support
4C	Programs and Processes
5A	Identification
5B	Analysis
5C	Resolution

### ID Codes:

NRC	NRC
Self	Self-Revealed
Licensee	Licensee

### Functional Areas:

OPS	Operations
MAINT	Maintenance
ENG	Engineering
PLTSUP	Plant Support
OTHER	Other

EEIs 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 EEIs 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.