# U. S. NUCLEAR REGULATORY COMMISSION REGION I

License/Docket/Report Nos.:

DPR-61/50-213/93-23

DPR-21/50-245/93-30 DPR-65/50-336/93-25 NPF-49/50-423/93-27

Licensee:

Northeast Nuclear Energy Company

P. O. Box 270

Hartford, Connecticut 06141-0270

Facility Names:

Millstone Nuclear Power Station Units 1, 2, and 3

Haddam Neck Nuclear Power Plant

Inspection At:

Waterford, Connecticut

East Haddam, Connecticus

Inspection Conducted:

November 15-18 and December 9, 1993

Inspectors:

Ele C. Michole, Jr., for

12/17/93

E. B. King, Physical Security Inspector

W. J. Raymond, Senior Resident Inspector

Approved by:

Ele C. Miche )1

12/17/93 date

E. C. McCabe, Chief, Safeguards Section Division of Radiation Safety and

Safeguards

#### SCOPE

FFD Program, Policies, and Procedures; FFD Organization and Management Control; Training; Chemical Testing and FFD Audit.

### RESULTS

Generally, 10 CFR 26 (the Rule) was being met. Management's involvement and support of the program was apparent in assignment of a special task force to rewrite the existing FFD manual. However, failing to establish and implement written procedures designed to meet the Rule and failing to properly investigate and report unsatisfactory laboratory performance testing results were found to violate the Rule. Additionally, weaknesses were identified in management controls and in the random selection program.

## **DETAILS**

## 1.0 Key Persons Contacted

## 1.1 Licensee

\*D. Welch, Director, Safety and Health

\*J. LaPlatney, Nuclear Services Director, Connecticut Yankee (CY)

\*R. Factora, Unit Services Director, Millstone Station

\*D. Heritage, Manager, Occupational Health

\*G. Hallberg, Manager-System Security

\*T. Weekley, Security Manager, Millstone Station

\*R. Ahlstrand, Director-Internal Audit and Security

\*R. Ciurylo, Corporate Information Security

\*T. Cleary, Licensing Engineer

\*R. Paliuca, Engineer-Assessment and Staff Services

\*M. Nericcio, Occupational Health Administrator, CY

\*C. Marien, Occupational Health Administrator, Millstone Station

\*J. Johnson, Occupational Health Administrator, Corporate

\*E. Annio, Senior Analyst, CY

# 1.2 U. S. Nuclear Regulatory Commission

P. Swetland, Senior Resident Inspector, Millstone Station

P. Habighorst, Resident Inspector, CY

The inspectors also interviewed other licensee and contractor personnel.

# 2.0 Fitness-For Duty (FFD) Program, Policies and Procedures

# 2.1 FFD Program

The inspectors evaluated the licensee's FFD program using Inspection Procedure 81502: Fitness-for-Duty Program. Based on interviews with FFD program staff and selected supervisors, observations and documentation reviews, the inspectors concluded that management, at all levels, is committed to the goal of the Rule: a work place free of drugs and alcohol and their effects. However, the inspectors also concluded that program weaknesses need immediate attention to ensure continued program effectiveness. These weaknesses in policies and procedures, chemical testing, and management control are further addressed in this report.

<sup>\*</sup> Present at the exit interview

### 2.2 Policies and Procedures

The inspectors determined based on discussions with licensee management that the FFD manual was being rewritten due to repetitive discrepancies identified during the 1991 and 1992 annual Quality Service Audits. At a May 12, 1993 meeting between the inspectors and key FFD staff, the licensee had committed to having the manual rewritten and approved by the end of 1993. However, it appears that the licensee will not be able to satisfy that commitment. Based on discussions with licensee management, a revised commitment for completion of the revision of the manual by April 1, 1994, will be submitted to the NRC in the near future. On November 1, 1993, the licensee assigned a special task force with the responsibility of rewriting the manual. The task force included a procedure writer and key FFD staff and met daily to ensure the contents of the rewrite satisfied the intent of the Rule. The inspectors were informed by licensee management that, during the review of the manual, weaknesses were identified and indicated that some of the licensee's policies do not fully satisfy the intent of the Rule. The licensee committed to inform the NRC of their findings and to report the corrective actions taken to resolve the weaknesses.

The inspectors determined that the licensee's FFD program did not include written procedures for testing for drugs and alcohol, including procedures for protecting the employee and the integrity of the specimen, or the quality controls used to assure the test results are valid and attributable to the correct individual, as required by 10 CFR 26.20 (c). Additionally, the licensee failed to provide collection site persons with detailed, clearly illustrated, written instructions on the collection of specimens. These conditions appear to violate 10 CFR 26.20(c) and Appendix A, Section 2.2(3) thereto. (VIO 50-213/93-23-01, 50-245/93-30-01, 50-336/93-25-01, 50-423/93-27-01)

# 3.0 FFD Organization and Management Control

Since initial inspection of the licensee's FFD program in September 1990, corporate staffing had been increased to enhance program effectiveness. However, inspector review of the FFD organizational flow chart and discussions with corporate and site FFD personnel concluded that there was not a definitive line of communication from the sites to corporate to effectively enable site staff to obtain guidance and direction. Additionally, the inspectors were unable to obtain current job descriptions for the Occupational Health Administrators assigned on-site to administrator the program, further demonstrating a lack of management control. It appeared that there was confusion about the reporting of concerns and the responsibility of each key player.

In discussions with corporate management, the inspectors were informed that steps would be taken to resolve the concerns and that within 14 days written corrective actions would be submitted to the NRC for review with a commitment date for the resolution of the concern. The inspectors identified this matter as a programmatic weakness requiring management attention. As committed, the licensee provided the

inspectors with a written response describing the schedule for resolution of the programmatic weakness regarding the reporting of concerns and the responsibility of each key player. The response was dated December 2, 1993, and was reviewed December 9, 1993. This will be further reviewed by the NRC. (IFI 50-213/93-23-02, 50-245/93-30-02, 50-336/93-25-02, 50-423/93-27-02)

## 4.0 Training

On November 16, 1993, the inspectors met with the licensee's training staff to review FFD-related lesson plans and training records, and to discuss program development and implementation. Based on that review and discussions, the inspectors determined that the licensee had a mechanism in place to inform the training department of changes to FFD policies and that the changes were incorporated, as applicable, in the training FFD lesson plans.

The inspectors' review of training records indicated that the licensee had an effective tracking program which ensured that required training for licensee and contractor employees was being received in a timely manner. Additionally, the inspectors determined by a review of training records that individuals promoted to a supervisory position were receiving required training within three months after the initial supervisory assignment. It was apparent that the licensee had expended considerable effort to ensure the effectiveness of the training. No deficiencies were noted.

# 5.0 Chemical Testing

The inspectors determined by discussions with licensee FFD supervisory personnel, observations at the collection facilities, and a review of collection site records that the licensee's chemical testing program satisfied 10 CFR 26.24(a). This determination was based on the testing being performed in a random unannounced manner, with mechanisms in place for follow-up and for-cause testing, and the random test rate encompassing all of the workforce.

On November 16, 1993, the inspectors met with the Occupational Health Administrators at the Haddam Neck Nuclear Power Plant to discuss security of the computerized random selection program. During a previous inspection in May 1993, the inspectors identified as a program weakness, the failure to ensure that only individuals with a need-to-know could gain access to the program. It was determined that the weakness was due to the lack of an effective password protection feature. At that time the licensee committed to implement interim and final corrective actions to resolve the random selection program concerns, and projected the final corrective actions to be completed by June 1993. Based on discussions with the collection site staff and observations of attempts to circumvent the security of the random selection program, the inspectors determined the protective measures implemented by the licensee were adequate. However, the inspectors discussed an administrative

weakness involving the random selection program concerning the manner in which the selection pools are updated. The inspectors determined by a review of several random selection generated lists, that terminated individuals' names were not being deleted from the assigned selection pools in a timely manner. Although there is a mechanism in place to delete terminated employees from the selection pools, the inspectors identified individuals on the generated lists that had been terminated for over 3 weeks. The licensee stated that they would review the concern and, if needed, develop and implement corrective actions. This matter will be reviewed further by the NRC. (IFI 50-213/93-23-03, 50-245/93-30-03, 50-336/93-25-03, 40-423/93-27-03).

During discussions with licensee management, the inspectors found that the licensee had failed to report unsatisfactory performance testing of blind specimens by the licensee's contracted Health and Human Services (HHS) laboratory within 30 days of the receipt of the investigative findings and corrective actions taken by the HHS laboratory, as required under 10 CFR 26, Appendix A, Section 2.8(e)(4). In December 1992, the licensee was notified by the laboratory of false negative test results. Six weeks later, the licensee responded, in a letter dated January 15, 1993, by requesting the laboratory to investigate the unsatisfactory performance testing results. In a letter dated September 30, 1993, nine months later, the HHS laboratory reported its investigative findings and commented on the issues associated with the false negatives test results. While the licensee's use of the laboratory was found acceptable, the licensee had not evaluated the laboratory's findings and was therefore found not to have accomplished it's investigative responsibilities. Also, the licensee had failed to send the signed and dated investigation to the NRC as a report of unsatisfactory performance. That had prevented the NRC from ensuring notification of the findings to the Department of Health and Human Services. In regard to this failure, the licensee stated that, based on discussions with other utilities and with information received through FFD seminars, they had concluded that there was no requirement to report false negative test results. The inspectors informed the licensee that, based on the Rule, the report should be made.

Licensee failure to evaluate the laboratory's findings and report the investigation findings to the NRC were found to be an apparent violation of 10 CFR 26 requirements for investigating and reporting unsatisfactory performance testing results. (VIO 50-213/93-23-04, 50-245/93-30-04, 50-336/93-25-04, 50-423/93-27-04).

## 6.0 Audits

The inspectors reviewed the licensee's annual Quality Services Department (QSD) audit report for 1993, Audit #A-30223, which was performed September 20 - October 5, 1993. The audit reported four findings and three recommendations. One of the findings addressed the issue of the licensee's failure to evaluate and report unsatisfactory performance testing of blind specimens. Inspector review concluded

that the audit was comprehensive in scope. Additionally, the licensee performed an independent evaluation of the FFD computer system from September 28 - October 28, 1993, to address concerns identified to licensee management by the medical units. The licensee's evaluation identified and supported most of the concerns, and directed licensee management to aggressively pursue effective corrective actions. The inspectors determined based on audit reviews and discussions with licensee management that the audit program as designed was effective in identifying programmatic weaknesses and that the findings were being reported to the appropriate levels of management. No discrepancies were noted.

## 7.0 Exit Interview

The inspectors met with the licensee representatives identified in Detail 1.0 of this report at the conclusion of the inspection on November 18, 1993. At that time, the purpose and scope of the inspection were discussed with licensee management, and the findings were presented. The licensee acknowledged the inspection findings.

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# IFS DATA INPUT FORM - Brief Instructions

#### SPECIFY CATEGORY (Check only one)

Since IFS supports various items tracking it is important to indicate the type of information being reported. Therefore, a "x" should be placed next to the field for the appropriate item being entered on the form (i.e., Reactor/Vendor, Materials, Docket Related/Part 21, LER, or Non-Docket Related).

#### DATE ENTRIES

All dates are entered in the MMDDY 1 (e.g., 05/12/91) format.

#### REPORT NUMBERS

All Report Numbers are entered as five digit numeric (e.g., 91001) values.

#### DOCKET NUMBER & LICENSE NUMBER

For reactor/vendor and materials inspections, docket related/Part 21 and LER flems, the appropriate 8 digit numeric number is entered. For material inspections, either the license number or the docket number must be given. Ucense numbers are entered exactly as they appear on the licenses, including hypners and leading zeros.

#### UPDATE

The Update selection is used to indicate that the flem being entered is an update to a previously recorded item. If Update is selected, also enter the appropriate document number that originally opened the flem: Inspection Report Number (Opened I/R), LER number, Part 21 Log number, or IFS number.

#### SEQUENCE NUMBER

For reactor/vendor and material inspections, a sequence number is required for each item identified in the report. For reactor/vendor inspections a sequence is number is entered when a "Y" was entered for "DPENED ITEMS (Y/N)". Similarly, a sequence number is required for material inspections if "N" was provided in the "CLEAR (Y/N)" field. Enter an unique sequence number for each open item included in the report. Sequence numbers are only applicable for reactor/vendor and material inspections.

### STATUS

For each docket listed on the report, indicate the appropriate status code. Appropriate values are 0 - Open, C - Closed, W - Withdrawn, and N - Not Applicable it is required that "STATUS" be filled in for each docket. This field is applicable for all items.

#### ITEM TYPE

Enter the four digit code to indicate the inspection/investigation findings. Item type is applicable for all items. The following item types are permitted:

Type	Description
DEV IFI URI VIO	Escalated Enforcement item Deviation Inspection Follow-up Unresolved Issue Violation

### SUPPLEMENT

A maximum of 2 supplement codes may be entered for reactor/vendor and materials. Items. At least 1 is required if firm type is FEL or VICL.

#### Supplement

Code	Description
1	Reactor Operations
2	Facility Construction
3 4 5	Safeguards
4	Health Physics 10 CFR Part 20
5	Transportation
6	Fuel Cycle And Material Operations
7	Miscellaneous Matters
8	Emergency Preparedness

#### FUNCTL AREAS

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For reactor/vendor inspections, docket related/Part 21 or LER items, enter the SALP functional area codes. A maximum of two functional area codes are permitted. Use the list turnished below to obtain the appropriate functional area codes.

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	CONT	Containment, Major Structures, and Major Steel Supports
	ELEC	Electrical Equipment and Cables
	ETS-C	Engineering/Technical Support
	INST	Instrumentation
	MECHC	Mechanical Components
	N/A	Not Applicable
	OTHR-C	Other Special Area for
		Construction / Pre-operational Testing
	OTHR-O	Other Special Area for Operations / Startup Testing
	PIPE	Piping Systems and Support
	SAQU-C	Safety Assessment / Quality Verification

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#### CAUSE CODE

Enter the two digit code describing the cause. A maximum of two cause codes are permitted. Shown below is a listing of the valid cause codes and what they represent.

Cause C	ode Meaning
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11	Lack of Procedure
12	Inadequate Procedure
20	Engineering or Design Deficiency
21	Inadequate Testing
30	Personnel Error
31	Cognitive Error (Pers.
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32	Communication Error
33	Potential Wrongdoing
34	Personnel Error Due to Lack of
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51	Aging
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# IFS DATA INPUT FORM - Brief Instructions

#### SPECIFY CATEGORY (Check only one)

Since IFS supports various flams tracking it is important to indicate the type of information being reported. Therefore, a "x" should be placed next to the field for the appropriate flam being entered on the form (i.e., Reactor/Vendor, Materials, Docket Related/Part 21, LER, or Non-Docket Related/Part 21, LER, or Non

#### DATE ENTRIES

All dates are entered in the MMDDYY (e.g., 05/12/91) format.

#### REPORT NUMBERS

All Report Numbers are entered as five digit numeric (e.g., 91001) values.

#### DOCKET NUMBER & LICENSE NUMBER

For reactor/vendor and materials inspections, docket related/Part 21 and LER items, the appropriate 8 digit numeric number is entered. For material inspections, either the scense number or the docket number must be given. License numbers are entered exactly as they appear on the scenses, including hyphens and leading zeros.

#### UPDATE

The Update selection is used to indicate that the item being entered is an update to a previously recorded item. If Update is selected, also enter the appropriate document number that originally opened the item: Inspection Report Number (Opened I/R), LER number, Part 21 Log number, or IFS number.

#### SEQUENCE NUMBER

For reactor/vendor and material inspections, a sequence number is required for each item identified in the report. For reactor/vendor inspections a sequence is number is emered when a """ was entered for "OPENED ITEMS (Y/N)". Similarly, a sequence number is required for material inspections if "N" was provided in the "CLEAR (Y/N)" field. Enter an unique sequence number for each open item included in the report. Sequence numbers are only applicable for reactor/vendor and material inspections.

#### STATUS

For each docket listed on the report, indicate the appropriate status code. Appropriate values are 0 - Open, C - Closed, W - Withdrawn, and N - Not Applicable to it is required that "STATUS" be filled in for each docket. This field is applicable for all filems.

ITEM 75	PA		FUNCTL A	AREAS		CAUSE CODE		
Enter the four digit code to indicate the inspection/investigation findings. Item type is applicable for all items. The following item types are permitted:			For reactor/vendor inspections, docket related/Part 21 or LER items, enter the SALP functional area codes. A maximum of two functional area codes are permitted. Use the lest furnished below to obtain the appropriate functional area codes.			Enter the two digit code describing to cause. A maximum of two cause codes are permitted. Shown below is a listing of to- valid cause codes and what they represent		
Type	Description		turicuona	area cooes				
and the last	With the Control of the Control		Functi Are	e Code	Description	Cause Co	de Mannier	
EEI	Escalated Enforcement Item		MATERIA POLIC	W 715/25	Description.	Canse Co	de Meaning	
DEV	Deviation		OPS	Plant Ope	rations	10	Related to Procedure	
IFI .	Inspection Follow-up		FIADCON	Radiolog	ical Controls	-	Instruction, Drawing	
URI	Unresolved Issue		MS	Maintena	nce/Surveillance	11	Lack of Procedure	
VIO.	Violation	0.00	EP	Emergen	cy Preparedness	12	inadequate Procedure	
			SEC	Security		20	Engineering or Design Deficiency	
		4	ETS-0	Engineeri	ng/Technical Support	21	Inadequate Testing	
SUPPLE	SUPPLEMENT		AUX	Auxiliary :		30	Personnel Error	
			CONT		ent, Major Structures.	31	Cognitive Error (Pers:	
	num of 2 supplement codes may be				r Steel Supports		Knowledgeable - Just An Error	
	for reactor/vendor and materials		ELEC		Equipment and Cables	32	Communication Error	
	At least 1 is required if item type is		ETS-C		ng/Technical Support	33	Potential Wrongdoing	
EEI or V	0.		INST	Instrume	THE STATE STATE	34	Personnel Error Due to Lack of	
Washington.			MECHC		ai Components		or Inadequate Training	
Supplen			N/A	Not Appli		40	Supervision / Manageme**	
Code	Description		OTHR-C		Special Area for		Control	
	Reactor Operations				tion / Pre-operational	45	inadequate Resources -	
0	Facility Construction		ACCRECATE AND ADD	Testing			Equipment or Staffing	
5	Safeguards		CTHR-O		Special Area for	50	Equipment Failure	
2			No. of Control		is / Startup Testing	51	Aging	
-	Health Physics 10 CFR Part 20 Transportation		PIPE		stems and Support	52	Random Equipment Failure	
0	The state of the s		SADU-C		ssessment / Quality	53	External (Tornado, Lightning	
	Fuel Cycle And Materials			Verification		60	Otner	
9	Operations		SACW-O		ssessment / Quality			
	Miscellaneous Matters			Verification	26			

Emergency Preparedness SF Soils and Foundations

# IFS Data Entry Form - Reactors Inspection (continued)

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NEC FORM xxx (9-9)	

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# IFS Data Entry Form (continued)

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