

U.S. NUCLEAR REGULATORY COMMISSION
REGION I

Report No. 50-293/85-13

Docket No. 50-293

License No. DPR-35 Priority -- Category C

Licensee: Boston Edison Company M/C Nuclear
25 Braintree Hill Office Park
Braintree, Massachusetts

Facility Name: Pilgrim Nuclear Power Station

Inspection At: Plymouth, Massachusetts

Inspection Conducted: May 20-24, 1985

Inspectors: R. L. Nimitz 7/9/85
R. L. Nimitz, Senior Radiation Specialist date

L. E. Myers 7/9/85
L. E. Myers, Radiation Specialist date

Approved by: W. Pasciak 7/10/85
W. Pasciak, Chief, BWR Radiation Safety Section date

Inspection Summary: Inspection on May 20-24, 1985 (Report No. 50-293/85-13)

Areas Inspected: Routine, announced inspection of the following: licensee implementation of improvement items identified in the Radiological Improvement Program; implementation of requirements contained in IE Bulletin 80-10; review of radiological controls for fuel pool work; and radioactive waste management. The inspector involved 70 inspector-hours on-site by two region based inspectors.

Results: One violation was found in one area (failure to adhere to the requirements of T. S. 6.8 relative to the approval and adherence of procedures, two examples; paragraph 5). One Deviation was identified in one area (failure to implement the requirements of IE Bulletin 80-10; paragraph 4). The licensee was found to be closely monitoring implementation of the Radiological Improvement Program.

DETAILS

1.0 Individuals Contacted

1.1 Boston Edison Company (BECO)

- *A. L. Oxsen, Vice President-Nuclear Operations
- *C. J. Mathis, Nuclear Operations Manager
- *W. H. Deacon, Assistant to the Senior Vice President-Nuclear
- *R. A. Smith, Chief Chemical Engineer
- *R. D. Smith, Chief Technical Engineer
- *P. E. Mastrangelo, Chief Operating Engineer
- *A. R. Trudeau, Chief Radiological Engineer
- *E. T. Graham, Compliance Management Group Leader
- *E. J. Ziemianski, Nuclear Operations Support Manager
- *D. J. Sukanek, Station Services Group Leader

1.2 Contractors

- *G. H. Smith, Hydro-Nuclear Inc.

1.3 NRC

- *M. McBride, Resident Inspector, Pilgrim Station

*Denotes attendance at the NRC/licensee exit meeting on May 24, 1985.

The inspector also contacted other licensee personnel.

2. Purpose of Inspection

The purpose of this routine, announced radiological controls inspection was to review the following program elements:

- Implementation of licensee commitments presented to NRC in the Radiological Improvement Program
- Licensee Action on IE Bulletin 80-10, "Contamination of Nonradioactive System and Resulting Potential for Unmonitored, Uncontrolled Release to Environment"
- Radioactive Waste Management, including:
 - radioactive waste storage and handling
 - new Rad Waste Compactor Facility
- Implementation of Radiological Controls During Spent Fuel Pool Work.

3. Implementation of Licensee Commitments Presented to NRC in the Radiological Improvement Program.

3.1 General

The inspector reviewed the implementation of licensee commitments presented to the NRC. The review was with respect to criteria and/or information contained in the following documents:

- Order Modifying Licensee, Notice of Violation, and Notice of Deviation (NRC Inspection No. 50-293/84-25 and 50-293/84-29), dated November 29, 1984.
- Letter (W. D. Harrington, Senior Vice President-Nuclear, Boston Edison, to T. E. Murley, Regional Administrator, NRC Region I), dated February 28, 1985 (BECO LTr No 85-042).
- Licensee Completed Regulatory Requirement Analysis Forms (various) relative to Radiological Improvement Plan (RIP) Milestones.
- Licensee Radiological Activity Assessment Reports (RAAR) (various).
- Radiological Oversight Committee (ROC) Meeting Minutes (various).

The purpose of this review was to determine if,

- the licensee met the commitments (i.e. milestones) specified in the Radiological Improvement Program (RIP);
- the material or actions taken/generated by the licensee satisfactorily met the commitments made to NRC in the RIP;
- the material or actions taken/generated were properly implemented.

The following aspects of RIP implementation were noted:

- a tracking program was in place to identify milestones due;
- adequate management controls were in place to monitor implementation of milestones and initiate proper action when milestones were identified as potentially not being met;
- adequate review was performed of the material or actions taken/generated to determine its adequacy prior to its acceptance and implementation.

3.2 Findings

The inspector reviewed a total of 65 commitments that were to have been completed by the licensee by April 30, 1985. The commitments reviewed are identified in the attachment to this report.

The review indicated that the licensee satisfactorily completed his committed action on 63 of the commitments. Several commitments were left open due to the need for additional NRC review. These are identified in the attachment to this report.

Within the scope of this review, the following positive attributes of the RIP were noted:

- The licensee's Senior Vice President-Nuclear is closely monitoring implementation of the Radiological Improvement Program (RIP)
- The RIP milestones have been inputted into the licensee's Planning and Scheduling Computer for monitoring. The monitoring program has appropriate flags to notify management in a timely manner when a task may potentially fall behind schedule. The licensee initiates appropriate action when this is identified.
- The licensee's contractor is also monitoring implementation of RIP milestones.
- The RIP material or actions taken/generated have been, where appropriate, properly implemented.
- The licensee's RIP Program Manager is: periodically auditing compliance with the Order Modifying License (referenced above); auditing RIP implementation; and reviewing the RIP product.

Within the scope of this review, the following additional matter was identified:

- The licensee Senior Management identified a concern involving timely resolution by the Radiological Oversight Committee (ROC) of items brought to its attention. The licensee took action to ensure the ROC implemented its charter responsibilities in an appropriate manner.
- Based on NRC findings identified during review of Spent Fuel Pool work (see Section 5 of this report) the licensee stated that the Radiological Assessor, who reports his findings to the ROC, would be requested to place additional emphasis on personnel use of approved procedures during work and training of personnel in job specific procedures.

Conclusion

Based on the above review, the licensee is aggressively monitoring implementation of the RIP deficiencies identified, and is meeting commitments provided to NRC Region I.

4.0 IE Bulletin 80-10

The inspector reviewed the licensee's implementation of the requirements contained in IE Bulletin 80-10, "Contamination of Nonradioactive System and Resulting Potential for Unmonitored/Uncontrolled Release to the Environment." This review followed up Open Item No. 50-293/85-07-03.

Within the scope of the review, the following Deviation was identified:

IE Bulletin 80-10 requires among other matters that: 1) a review of facility design and operation be performed to identify systems that are considered as nonradioactive, but could possibly become contaminated through interfaces with contaminated systems; 2) a routine sampling/analysis or monitoring program for these systems be established in order to promptly identify any contaminating events which could lead to unmonitored, uncontrolled, liquid or gaseous releases to the environment, including releases to on-site leaching fields and; 3) the specifics of these reviews be documented and made available to the NRC for review during future on-site inspection efforts. In particular, special consideration was to be given to the instrument air system and the sanitary waste system.

The licensee's July 11, 1980 response to this Bulletin indicated that the above was implemented.

Contrary to the above, as of May 24, 1985, 1) the instrument air system and sanitary waste system had not been reviewed to determine if these systems could become radioactive through interfaces with nonradioactive systems; 2) no routine sampling/analysis or monitoring program (as appropriate) was established in order to promptly identify any contaminating events which could lead to unmonitored/uncontrolled releases from these systems; and 3) no specifics relative to the above was documented and made available to the NRC.

This matter remains open.

Within the scope of this review, the following additional matters were identified:

- The licensee did not have clearly established action levels to be used to identify a potentially contaminated, normally uncontaminated, system in order that appropriate personnel can be notified in a timely manner to implement the requirements of Section 3 of IE Bulletin 80-10.

Licensee representatives indicated such guidance would be established by June 3, 1983. (50-293/85-13-01)

- The licensee did not have clearly established guidance for operations personnel relative to what action to take if they were notified that a normally clean system was identified as contaminated.

Licensee representatives indicated such guidance would be established by June 3, 1983. (50-293/85-13-02)

Within the scope of the review, the following additional matter was identified:

- Inspector review indicated that a licensee special instruction dated June 7, 1984, appeared to supersede a licensee approved procedure (No. 7.3.41-1) for sampling and analysis of service water. This matter is unresolved. (50-293/85-13-03)

5.0 Spent Fuel Pool Work

The inspector reviewed the implementation of Radiological Controls for work in the Spent Fuel Pool. The licensee was cutting control rod blades and low power range monitors for disposal.

The review was performed to determine if,

- procedures for the operation were properly reviewed and approved in accordance with station administrative requirements;
- personnel, were appropriate, were properly trained and qualified in the applicable procedures;
- radiological controls personnel, overseeing the work, were properly trained and qualified in accordance with Technical Specification requirements;
- radiological controls for the task were adequate;
- established radiological controls were properly implemented (e.g., RWP controls);
- radiation survey equipment used for the task was properly calibrated.

The evaluation of the licensee's performance in the above areas was based on:

- independent radiation surveys performed by the inspector;
- review of on-going work;
- discussions with personnel;
- review of documentation.

The following documents were selectively reviewed:

- Procedure 1.3.4, "Procedures," Revision 27, dated April 24, 1985;
- Procedure 1.5.3, "Maintenance Requests," Revision 16 dated April 1985;
- Procedure 3.M.1-19, "Spent Fuel Pool Cleaning," Revision 1, dated February 6, 1985;
- Procedure TP85-14, "Transfer of Control Rod Blades and Poison Curtains in the Spent Fuel Pool," Revision 0, dated December 31, 1985;
- Procedure TP85-23, "Waste Characterization," Revision 0, dated March 6, 1985;
- Procedure FP-OP-008-442, "Operating Procedure for Use of Abrasive Underwater Saw at Pilgrim Station," dated March 24, 1965, Chem-Nuclear Systems, Inc.;
- Procedure FP-OP-007-442, "Procedure for Processing LFRM 'Hot' and 'Cold' Ends at Pilgrim For Disposal," dated March 15, 1985, Chem-Nuclear Systems, Inc.;
- Procedure 6.4-079, "Operation of the Technical Associates CPMU Underwater Survey Meter," Revision 3, dated August 26, 1985;
- Procedure 6.5-079, "Calibration of the Technical Associates CPMU, Underwater Model," Revision 2, dated January 27, 1982; and
- Certificates of Calibration for CPMU, Serial Nos. 945131 and 3870.

Within the scope of this review, the following violation was identified:

Technical Specification 6.8 requires that written procedures and administrative policies be established, implemented and maintained, that meet or exceed the requirements and recommendation of Appendix 'A' of Regulatory Guide 1.33. Appendix 'A' of Regulatory Guide 1.33, 1972 recommends, in part, that procedures for procedure review and approval be prepared. It also recommends that procedures for the repair or replacement of equipment be prepared. (50-293/85-13-04)

1. Procedure 1.3.4, Revision 27, "Procedures," specifies, in part, in section C.3, that the Operation Review Committee (ORC) shall indicate its approval of a procedure to be included in Category Three Group Procedures.

Contrary to the above, as of May 23, 1985, two procedures (FP-OP-007-442 and FP-OP-008-442), used to provide guidance for

cutting of control rod blades and LPRMs were not presented to ORC for approval as Category Three procedures. The procedures were used since about May 1, 1985 to provide guidance for on-going cutting work.

2. Procedure No. 3.M.1-19, Revision 1, "Spent Fuel Pool Cleaning," specifies in section IV that the obtaining of a valid Maintenance Request (MR) is a prerequisite for procedure use. The procedure provides general guidance for performing cutting of radioactive materials in the spent fuel pool. In addition, Vendor Procedure No. FP-OP-007-442, "Procedure for Processing LPRM Hot and Cold Ends for Disposal," specifies in section 4 that the obtaining of a valid maintenance request is a prerequisite for procedure use.

Contrary to the above, as of May 23, 1985, and for an undetermined period of time prior to this time, control rod blades and LPRMs were being cut in the spent fuel pool in preparation for planned disposal but no valid maintenance request was in effect.

The above matters were brought to the licensee's attention on May 23, 1985. The licensee performed the following:

- halted all work on the Refueling Floor on May 23, 1985;
- presented the vendor procedures to ORC on May 24, 1985;
- issued a maintenance request for the work;
- ensured all personnel were cognizant of their procedural responsibilities.

Within the scope of the review, the following additional matters were identified:

- Licensee radiological control technicians, providing oversight of the cutting work, had not been provided copies of or instructed in the specific radiological controls requirements in vendor procedures. One of the procedures required sign-offs by the technicians.
- The licensee referenced on the applicable RWP three station approved procedures for control of selected activities associated with work in the spent fuel pool. However, the inspectors were unable to identify any specific supervisory control in place to ensure that all appropriate technicians had read and understood the referenced procedures.

These matters were brought to the licensee's attention.

On May 29, 1985, licensee compliance personnel contacted the inspector and indicated that all appropriate personnel had reviewed the applicable procedures.

Licensee representatives indicated the Contractor Onsite Assessor would be requested in his reviews to ensure personnel were using appropriately reviewed procedures and were knowledgeable in the procedure requirements.

6.0 Radioactive Waste Transportation

On May 23, 1984, the inspector reviewed selected aspects of a radioactive waste shipment prepared for transport. The shipment consisted of miscellaneous material from the spent fuel pool. The shipment contained an estimated 70 curies.

The following aspects were reviewed:

- radiation levels at various locations on the shipment were within applicable regulatory limits;
- contamination levels on the shipment were within applicable limits;
- quantities of radioactive material contained in the shipment were properly determined;
- selected aspects of the shipping papers were completed in accordance with procedure requirements;
- notifications, where appropriate, were made.

The review was with respect to criteria contained in the following:

- Temporary Procedure TP85-39, "Handling and Loading Procedure for CNSI 3-55 Cask," Revision 0, dated April 24, 1985;
- Temporary Procedure T85-23, "Waste Characterization," Revision 0, dated December 31, 1985;
- Procedure 6.9-160, "Shipment of Radioactive Material," Revision 20, dated April 14, 1985; and
- Certificate of Compliance of cask CNSI 3-55, No. 5805, Revision 13.
- Applicable NRC and DOT Regulatory requirements.

The evaluation of the licensee's performance in this area was based on:

- performance of independent radiation surveys by the inspector;

- performance of contamination surveys by the inspector;
- review of documentation;
- discussions with cognizant personnel.

Within the scope of this review, no violations were identified. The licensee implemented the applicable requirements.

Within the scope of this review, the following items for improvement were identified:

- The check-off list for procedure T85-39 did not contain a check-off for satisfactory performance of a cask leak test. The licensee issued a procedure change notice to address this matter.
- The check-off list for the shipping procedures does not contain a check-off for satisfactory determination that cask seals have been replaced within the specified time interval. The licensee should add such a check-off to the applicable procedure. (50-293/85-13-05)

7.0 Trash Compactor Facility

The inspector reviewed operations at the Trash Compactor Facility. The following matters were reviewed:

- posting and barricading;
- control of radioactive material;
- airborne radioactivity monitoring;
- ventilation system operation;
- control of liquid radioactive material;
- performance of appropriate safety evaluations for operation of the facility.

The review was with respect to criteria contained in the following:

- Procedure TP 84-64, Revision 0, "Radiological Controls for the Trash Compactor Facility (TCF)";
- Procedure No. 6.9-179, Revision 1, "Radioactive Waste Press (Steel Box - Compactor)";
- 10 CFR 20, "Standards for Protection Against Radiation";

- 10 CFR 50.59, "Changes, Tests, Experiments";
- NRC Generic Letter 81-38, "Storage of Low-Level Radioactive Wastes At Power Reactor Sites," dated November 30, 1981;
- IE Circular 80-18, "10 CFR 50.59 Safety Evaluation for Changes To Radioactive Waste Treatment Systems".

The evaluation of the licensee's performance in the area was based on:

- inspector tour of the Trash Compactor Facility;
- discussions with cognizant personnel;
- review of documentation including review of the following safety evaluation and calculations:
 - 10 CFR 50.59 Safety Evaluation for New Trash Compactor Facility, (NOP83ES), dated March 1, 1984;
 - Calculation No. ERHS-XIII•B-10-0;
 - Calculation No. ERHS-XIII•B-9-0.

Within the scope of the review, the following was noted:

- The new Trash Compacting Facility is not being utilized as an interim low level waste storage facility. Rather the licensee is using it as a holding area for material to be shipped.
- No radioactive liquids are to be introduced to the facility
- The licensee established package radiation dose rate and contamination level criteria for packages to be held at the facility.
- The licensee is using the trash compactor to compact trash in the facility. Procedures have been established for the purpose
- The licensee is not using the radioactive waste segregation and sorting capabilities of the facility pending installation of appropriate airborne radioactivity effluent monitoring equipment.

Within the scope of the review, the following matters are unresolved and will be reviewed during a subsequent inspection (50-293/85-13-06):

- The licensee's safety evaluation for offsite doses to members of the public did not clearly indicate that the doses would be below those specified in 40 CFR 190 (Reference 10 CFR 20.105 (c)).

- The licensee has established a routine radiological survey program for the facility (Reference TP84-64). However, appropriate action level criteria were not established to ensure all dose limits of 10 CFR 20.105 (i.e. 40 CFR 190) were met.
- The licensee used one open LSA box as a source term for his safety evaluation. However, the basis of this source term is uncertain.

8.0 Unresolved Items

Unresolved Items are items which need additional review to determine if they are acceptable. One Unresolved Item is discussed in section 4 of the report. (50-293/85-13-03)

9.0 Exit Meeting

The inspector met with licensee representatives denoted in section 1 of the report, on May 24, 1985. The inspector summarized the purpose, scope and findings of the inspection.

At no time during this inspection did the inspector provide the licensee written material.

Attachment

Status of Boston Edison Company's
Radiological Improvement Program (RIP)
Commitments to be Completed on or
Before April 30, 1985

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
1.	1.1.1 Develop and approve An Interim Organization for the Radiological Control Group (February 28, 1985)	Complete	Organization complete and implemented. Described in BECo Letter No. 85-042 dated February 28, 1985. Distributed via BECo Memorandum No. CRE 85-165, dated March 26, 1985
2.	1.1.2 Define functional and and administrative responsibilities for each position in the interim organization. (February 28, 1985)	Complete	NONE
3.	1.1.3 Define interim organization chain of command. (February 28, 1985)	Complete	Established in accordance with organization chart (See Item 1.1.1(#1))
4.	1.1.4 The interim Radiological Control Organization will be fully staffed and implemented by Boston Edison or Contractor personnel by March 31, 1985	Complete	NONE
5.	1.2.1 Develop and Implement an Organization for the Radiological Group. Present the proposed organization to Corporate Management - April 30, 1985	Complete	NONE
6.	1.2.2 Formally define the approved organization structure for the Radiological Group (April 30, 1985) o high priority technical support requests o group functional responsibilities define	Complete	NRC will review these defined elements to determine if they are consistent with/adequate to implement actual approved organization (Milestone 1.2.2, May 31, 1985) NRC Follow-up Item

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
	<ul style="list-style-type: none"> ◦ individual responsibilities define ◦ long term organization chart define ◦ long term organization responsibilities define 		50-293/85-13-07 Assigned to this matter.
7. 1.3	Develop and implement an RIP implementation plan and schedule for organization improvement. (completed March 31, 1985)	Complete	NONE
8. 2.2.1	Publish training goals and objectives for Group Training (April 30, 1985)	Complete	NONE
9. 2.2.6	Develop a schedule for implementing desired training and ensure the training department has adequate resources to meet schedule. The Nuclear Training Department will publish a training schedule of training to be offered for 1985. (March 31, 1985)	Complete	NONE
	<ul style="list-style-type: none"> ◦ Request additional resources ◦ Approve additional resources ◦ Publish Training Schedule 		
10. 3.1.1	An evaluation will be performed by April 30, 1985 to determine the need to permanently assign a Radiological Group Representative to work with the Training Group	Complete	A proposed training Coordinator Position has been established (Reference CRE Memorandum No. 85-249)
11. 3.1.1-1 3.1.1-2	Review and Revise General Employee Training Modules by March 31, 1985	Complete	(CRE Memorandum No. 85-148) Revised program to be implemented July 31, 1985 (Milestone 3.1.1-3)

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
12.	4.1.1 (c) Proper location for dosimetry placement will be defined	Complete	(CRE Memorandum No. 84-834)
13.	4.1.2 Procedure No. 6.2-111 Will be revised to include frequency for QA checks	Complete	NRC to review licensee corrective action on Step 4 of procedure. Correction factor not correct (50-293/85-13-08)
14.	4.2.1 Documentation of R. G. 8.13 training to be completed after training provided.	Complete	NONE
15.	5.1.1 An addendum to the special instruction detailing with the air quality testing process will be written to identify the operating compressor during testing (March 31, 1985)	Completed	NONE
16.	5.1.2 Respirator smear checks have been improved	Complete	Requirement contained in Procedure 6.7-110
17.	5.3.1 The onsite compressor has been repaired (complete)	Complete	NONE
18.	6.2.1.a-1 The ANSI standards dealing with whole body counting will be reviewed (April 30, 1985)	Complete	Licensee review identified a number of recommendations for improvement. The improvements will be implemented to meet other milestones contained in RIP section 6.0.
19.	6.2.1.c-1 Review whole body counter libraries	Complete	NONE
20.	6.2.1.d-1,2 Licensee to perform literature search and order document to	Complete	NONE

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
	support whole body counter operations (April 30, 1985)		
21.	6.2.1.e-1 Licensee to revise and approve whole body counting instructions to include check of critical parameters (April 30, 1985)	Complete	Personnel instructed in revisions
22.	6.2.3.1 A policy statement will be developed on why it is appropriate to conduct thyroid counts (April 30, 1985)	Complete	Provided by Memorandum to Staff. NRC will review to determine need to include in procedures (50-283/85-13-09)
23.	6.2.2.d A Radiation Protection Supervisor has been assigned oversight responsibility of the whole body counter operation (February 28, 1985)	Complete	NONE
24.	7.1.2.1 Complete re-instruction of all appropriate personnel regarding unnecessary posting and labeling (March 31, 1985)	Complete	Meetings held with appropriate personnel on March 26, 1985 and March 27, 1985
25.	7.1.6.1 A Specific Health Physics Supervisor was assigned implementation and improvement of the overall survey program (February 28, 1985)	Complete	NONE
26.	7.1.7.1 Licensee will evaluate if present practice for adequacy and timeliness of radiation surveys is acceptable (February 28, 1985)	Ongoing	Performed by Onsite Assessor. Revisions to be made to RWP Program if necessary (7.1.7.2) Current HP Supervisor notified of need for adequate surveys.
27.	7.3.1 Nuclear Operation Manager to issue a directive to all	Complete	Memorandum No. AD 85-69 issued

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
	management regarding improving personnel contamination monitoring (March 31, 1985)		March 18, 1985
28.	7.3.2.1 Licensee will review current practices and implement an improved policy for minimization of contamination and control of radioactive material (April 30, 1985)	Complete May 6, 1985. NRC Notified of delay	Licensee issued Policy No. 35, "Radiation," Material and Contamination," May 6, 1985. Policy to be implemented via other milestones contained in Section 7.
29.	7.3.3.1 Licensee to complete review of Main Control Point (April 30, 1985)	Complete	Completed on April 22, 1985 (CRE 85-251)
30.	7.3.4.1 Review Access Control Points (April 30, 1985)	Complete	NONE
31.	7.3.4.2 Institute policies/ notify station personnel of the restriction of access points so as to have minimal operations impact (April 30, 1985)	Complete	(See 29) Findings of Access Control Point reviews to be used to improve current access control point situations
32.	7.3.5.1 Evaluate current problem of circumvention of step-off pads and frisking to determine if it is procedural (April 30, 1985)	Complete	Review performed. Review concluded that poor frisking practices combination of procedural inadequacies or poor worker performance. Corrective action on-going.
33.	7.4.1 The location and type of air sampling equipment will be established (April 30, 1985) for the Trash Compactor Facility	Complete	Documented in Memorandum No. SS 85-78. Sampling set up for compactor. Sorting table use suspended pending installation of acceptable equipment

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
34.	8.1.2.1 Current Radioactive 8.1.3.1 Waste Storage Areas 8.1.4.1 Will be evaluated for: consolidation, enclosure, shielding (April 30, 1985)	Complete	Documented in Memorandum PNOS 85-255, dated April 30, 1985, PNOS 85-254, dated April 30, 1985
	Note: No commitments due on or before April 30, 1985 contained in section 9, "ALARA"		
35.	10.1.1 Correct Water related problems in HP facilities 10.1.3 Upgrade house keep and appearance of HP facilities Develop plan and schedule to implement the necessary repairs (April 30, 1985)	Complete (Partial)	Plan for repairs complete (Memorandum dated April 17, 1985) Schedule for repairs (Memorandum undated) No apparent action on 1) housekeeping 2) appearance. (50-293/85-13-10)
36.	10.2.1.b The thyroid detector has been repaired on the APT chair (February 28, 1985)	Complete	NONE
37.	10.2.2.b 1,2 Decontaminate and minimize recontamination of the Ge(LI) system (March 31, 1985)	Complete	Background levels identified. System not contaminated
38.	10.2.2.d Develop training materials in order to properly train personnel to interpret Ge(LI) results (March 31, 1985)	Complete	Documented in NTD #85-0198, dated March 27, 1985
39.	10.2.5.a.1 An evaluation of the range and calibration of R chambers will be completed (March 31, 1985)	Complete	Documented in Evaluation Memorandum. A .025R R-chamber to be ordered
40.	10.2.5.c1 Upgrade calibration 10.2.5.c2 jigs. Submit designs (April 30, 1985) Implement use (August 31, 1985)	Complete	New jigs in use

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
41.	10.2.7.1 Tag inoperable Eberline instruments at TIP Area and Rad Waste Segregation Area Out of Service. Assign responsibility of units.	Complete	NRC will review need for monitors (50-293/85-13-11)
42.	10.3.1.1 Issue policy statement regarding use of yellow poly (April 30, 1985)	Complete	NONE (Memorandum CRE 85-234) (April 22, 1985)
43.	10.3.5.1 Coordinate activities relative to use of substitutions of supplies. Initiate discussions (April 30, 1985)	Complete	NONE
44.	11.1.1 Complete a Procedure Plan for procedures (April 30, 1985)	Complete	NONE
	11.3.1 Incorporate requirements for task analysis in procedure plan (April 30, 1985)	Complete	
	11.4.1 Incorporate methodology for cross referencing of procedures into procedure plan (April 30, 1985)	Complete	
	11.5.1 A requirement to field test procedures or instructions will be included in the procedure plan	Complete	
45.	11.6.a.1 A video tape segment will be incorporated into the General Employee Training Program. (April 30, 1985)	Complete	Video tape to be incorporated into GET. NRC to view (50-293/85-13-12)
46.	11.6.b.1 A memorandum will be issued which provides guidance on the sets of procedures (February 28, 1985)	Complete	Memorandum No. VPNO 85-17, dated February 28, 1985

Note: No commitment to be implemented prior to April 30, 1985 in section 12, "Radiation Materials Controls"

	<u>Commitment</u>	<u>Status</u>	<u>NRC Comment</u>
47.	13.1.1 13.1.2 Submit Radiological Improvement Program (RIP) to NRC (February 28, 1985) Initiate Implementation of the RIP (March 15, 1985)	Complete	NONE
48.	13.2.1 Establish a detailed RIP scheduling network (March 31, 1985)	Complete	NONE
49.	13.3.3 13.3.4 13.3.5 13.3.6 Implement basic management concepts described in these recommendations (11.6.a.1, April 30, 1985)	Complete	Implemented per response to milestone 11.6.a.1 NRC to view tape. (See No. 45)
50.	13.3.11 Develop or revise a Nuclear Organization Policy to address impacts of changes in staffing, organization or policy (April 30, 1985)	Complete	Policy Statement No. 19 revised on April 18, 1985.