# Browns Ferry 3 4Q/2004 Plant Inspection Findings

## **Initiating Events**

Significance: Dec 31, 2004 Identified By: Self Disclosing Item Type: NCV NonCited Violation

Inadequate Procedures and Poor Human Performance Resulted in a Drop of the Reactor Building Crane Trolley.

A self-revealing NCV was identified for the licensee's failure to comply with 10 CFR 50, Appendix B, Criterion V, Instructions, Procedures and Drawings. As a result of inadequate procedures and poor human performance, a Reactor Building crane trolley was dropped approximately four feet onto the refuel floor while being rigged.

This finding is greater than minor because it is associated with program and process attributes and affected the objective of the Reactor Safety/Initiating Event Cornerstone to limit the likelihood of those events that upset plant stability and challenge critical safety functions during at power operations. In addition, if left uncorrected, this finding would result in a more significant safety concern. This finding was determined to be a finding of very low safety significance because no initiating event or transient actually occurred, there was no permanent structural damage to the refuel floor, there was no functional degradation, and mitigating capability was not affected. The cause of the finding is related to the cross-cutting element of human performance.

Inspection Report# : 2004005(pdf)

## **Mitigating Systems**

Significance: Dec 31, 2004

Identified By: NRC

Item Type: NCV NonCited Violation

Failure to Demonstrate that the RMOV Board 1B Performance Was Effectively Controlled per 10 CFR 50.65 (a)(2).

The inspectors identified an NCV of 10 CFR 50.65 (Maintenance Rule) for failing to demonstrate that the performance of the Reactor Motor-Operated Valve (RMOV) Board 1B was being effectively controlled through the performance of appropriate preventive maintenance such that the system remained capable of performing its intended function. As a result, after it exceeded its Maintenance Rule a(2) performance criteria, the licensee had not established goals nor monitored the performance of the RMOV Board 1B per 10 CFR 50.65a(1).

This finding is more than minor because it affected the reliability objective of the Equipment Performance attribute under the Mitigating Systems Cornerstone. The finding is of very low safety significance because there was no design deficiency, the equipment affected by the board failure either failed in a safe manner or had its redundant equipment functional.

Inspection Report# : 2004005(pdf)

## **Barrier Integrity**

## **Emergency Preparedness**

## **Occupational Radiation Safety**



Identified By: Self Disclosing
Item Type: NCV NonCited Violation

#### Failure to Implement Adequate Engineering Controls for Airborne Radioactive Material

A self-revealing NCV of 10 CFR 20.1701 was identified for failure to implement adequate engineering controls to limit airborne radioactivity stemming from decontamination activities for the 1C Reactor Water Cleanup (RWCU) Regenerative Heat Exchanger. Specifically, the High Efficiency Particulate Air (HEPA) filtration unit being used during the evolution did not have a HEPA filter cartridge. In addition, the HEPA filtration unit used during this evolution had been selected from the station's common pool of HEPA units. Consequently, this type of event could have occurred on Unit 2 or Unit 3 had the unit been selected for use on one of the other two units.

This finding is more than minor because it adversely affects the Occupational Radiation Safety cornerstone objective to ensure the adequate protection of worker health and safety from exposure to radiation from radioactive materials and the attribute of having adequate programs and processes for contamination control. The finding is of very low safety significance because the licensee's three-year rolling average for collective dose is less than 240 person-rem.

Inspection Report# : 2004004(pdf)

Significance: G

Mar 27, 2004

Identified By: NRC

Item Type: NCV NonCited Violation

#### Failure to Ensure That ARMs Are Periodically Calibrated.

The inspectors identified a Non-Cited Violation of 10 CFR 20.1501(b) for failure to ensure that instruments and equipment used for quantitative radiation measurements (e.g., area radiation monitors) were calibrated at an adequate periodicity for the radiation measured.

The inspectors determined that the licensee's failure to ensure that area radiation monitors were calibrated at an appropriate periodicity for the radiation measured was a performance deficiency. This finding is greater than minor because it is associated with the Occupational Radiation Safety Cornerstone and adversely affects the cornerstone objective attribute to ensure the adequate protection of worker health and safety from exposure to radiation from radioactive material. The finding is of very low safety significance because there are other instrumentation and means to identify degraded operation involving a radioactive material release, and no known operational event occurred during this period. Inspection Report#:  $\frac{2004002(pdf)}{2004002(pdf)}$ 

# **Public Radiation Safety**

## **Physical Protection**

Physical Protection information not publicly available.

### **Miscellaneous**

Last modified: March 09, 2005