Browns Ferry 3
1Q/2005 Plant Inspection Findings

Initiating Events

Significance: G Mar 31, 2005
Identified By: Self Disclosing
Item Type: NCV NonCited Violation
Failure to Follow Clearance Tag Procedure Results in a Reactor Scram
Green. A self-revealing NCV was identified for the failure to comply with Unit 3 Technical Specification 5.4.1, Procedures, specifically SPP-10.2, Clearance Program. As a result of failing to correctly implement the procedure during switchyard tagging removal, a Unit 3 reactor scram occurred.

This finding is greater than minor because it affected the human performance attribute of the Initiating Events Cornerstone to limit the likelihood of those events that upset plant stability and challenge critical safety functions during at-power operations. This finding was evaluated using the SDP and was determined to be a finding of very low safety significance because all plant systems operated as designed following the scram. This finding involved the cross-cutting aspect of Human Performance.
Inspection Report# : 2005002*(pdf)*

Significance: G 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: G Mar 31, 2005
Identified By: Self Disclosing
Item Type: NCV NonCited Violation
Failure to Adequately Implement the Inservice Testing Program.
Green. A self-revealing NCV was identified for the Failure to Comply with Unit 3 TS 5.5.6, Inservice Testing Program, specifically 3-SI-3.2.3, Testing ASME Section XI Check Valves. As a result of failing to follow procedures, a common cause failure was not addressed, resulting in Unit 2 operating with multiple stuck open Service Water inlet check valves to Residual Heat Removal (RHR) Heat Exchangers for a period of time in excess of one year.

This finding is greater than minor because it affected the equipment performance attribute of the Mitigating Systems Cornerstone to ensure the availability, reliability, and capability of systems that respond to initiating events to prevent undesirable consequences. This finding was evaluated using the SDP and was determined to be a finding of very low safety significance because the accident analysis did not specifically credit the closure function of these check valves. However, 10 CFR 50.55a required, in part, that both opening and closing functions be demonstrated even when the close function is not credited. The cause of this finding involved the cross-cutting aspect of Human Performance due to the failure to properly follow the written guidance of the surveillance instruction.
Inspection Report# : 2005002*(pdf)*

Significance: G 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

Significance: G Sep 25, 2004
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)*

Public Radiation Safety

Physical Protection

Physical Protection information not publicly available.

Miscellaneous

Last modified : June 17, 2005