4Q/2005 ROP Action Matrix Summary

The assessment program collects information from inspections and performance indicators (PIs) in order to enable the agency to arrive at objective conclusions about the licensee's safety performance. Based on this assessment information, the NRC determines the appropriate level of agency response, including supplemental inspection and pertinent regulatory actions ranging from management meetings up to and including orders for plant shutdown. The Action Matrix Summary listed below reflects overall plant performance and is updated regularly to reflect inputs from the most recent performance indicators and inspection findings. Physical Protection information is not publicly available and the associated performance indicators and inspection findings are not integrated into the Action Matrix Summary.

Notes have been added to plants that are not in the licensee response column of the Action Matrix.

Licensee Response Column	Regulatory Response Column	Degraded Cornerstone Column	Multiple/Repetitive Degraded Cornerstone Column	Unacceptable Performance Column
Arkansas Nuclear 1	Brunswick 2[1]	Kewaunee[2]	Perry 1[3]	
Arkansas Nuclear 2	Columbia Generating Station[4]	Palo Verde 1[5]	Point Beach 1[6]	
Beaver Valley 1	Crystal River 3[7]	Palo Verde 2[8]	Point Beach 2[9]	
Beaver Valley 2	Davis-Besse[10]	Palo Verde 3[11]		
Braidwood 1	Fort Calhoun[12]			
Braidwood 2	Hatch 1[13]			
Browns Ferry 2	Hatch 2[14]			
Browns Ferry 3	Indian Point 2[15]			
Brunswick 1	Oyster Creek[16]			
Byron 1	Three Mile Island 1[17]			
Byron 2	Turkey Point 3[18]			
Callaway	Turkey Point 4[19]			
Calvert Cliffs 1				
Calvert Cliffs 2				
Catawba 1				
Catawba 2				
Clinton				
Comanche Peak 1				
Comanche Peak 2				
Cooper				
D.C. Cook 1				
D.C. Cook 2				
Diablo Canyon 1				
Diablo Canyon 2				
Dresden 2				
Dresden 3				
Duane Arnold				
Farley 1				
Farley 2				
Fermi 2				
FitzPatrick				
Ginna				
Grand Gulf 1				
Harris 1				
Hope Creek 1[20]				
Indian Point 3				
La Salle 1[21]				
La Salle 2[22]				
Limerick 1				

Limerick 2
McGuire 1
McGuire 2
Millstone 2
Millstone 3
Monticello
Nine Mile Point 1
Nine Mile Point 2
North Anna 1
North Anna 2
Oconee 1
Oconee 2
Oconee 3
Palisades
Peach Bottom 2
Peach Bottom 3
Pilgrim 1
Prairie Island 1
Prairie Island 2
Quad Cities 1
Quad Cities 2
River Bend 1
Robinson 2
Saint Lucie 1
Saint Lucie 2
Salem 1[23]
Salem 2[24]
San Onofre 2
San Onofre 3
Seabrook 1
Sequoyah 1
Sequoyah 2
South Texas 1
South Texas 2
Summer
Surry 1
Surry 2
Susquehanna 1
Susquehanna 2
Vermont Yankee
Vogtle 1
Vogtle 2
Waterford 3
Watts Bar 1
Wolf Creek 1

▲ Note 1: Brunswick unit 2 is in the regulatory response column due to one white performance indicator in the Initiating Events Cornerstone (Unplanned Power Changes per 7000 Critical Hours) originating in 4Q/2005.

▲ Note 2: Kewaunee is in the degraded cornerstone column due to one white inspection finding in the mitigating systems cornerstone originating in 3Q/2005 and one yellow finding in the mitigating systems cornerstone originating in 4Q/2005.

▲ Note 3: Perry is in the multiple/repetitive degraded cornerstone column due to the mitigating systems cornerstone being degraded with multiple white findings for greater than 4 consecutive quarters. In particular, the ESW pump failure finding from 3Q/2003 is being held open in accordance with MC 0305 for greater than 4 quarters because corrective actions were ineffective and the pump failed again in May 2004. This finding, in conjunction with the 4Q/2003 finding involving inadequate venting of the RHR/LPCI keep fill system, which is also being held open in accordance with MC 0305 for

greater than 4 quarters pending the implementation of effective corrective actions to address performance deficiencies, resulted in greater than 4 consecutive quarters in the degraded cornerstone column and placed the plant in the multiple/repetitive degraded cornerstone column. In addition, a white finding in the emergency preparedness cornerstone originating in 4Q/2004 was held open in accordance with IMC 0305 for greater than 4 quarters pending the implementation of effective corrective actions to address performance deficiencies which were verified to be complete on December 9, 2005. Therefore, this finding will be closed and no longer be considered in the Action Matrix with the 1Q/2006 update.

▲ Note 4: Columbia Generating Station is in the regulatory response column due to one white performance indicator (Safety System Unavailablity, High Pressure Injection System) in the mitigating systems cornerstone originating in 1Q/2005.

▲ Note 5: Palo Verde unit 1 is in the degraded cornerstone column due to one yellow finding in the mitigating systems cornerstone originating in 4Q/2004. The significance determination for this final yellow finding and corresponding notice of violation were issued on April 8, 2005. The supplemental inspection was completed in December 2005. The team determined that the yellow finding would remain open, because not all of the licensee's root and contributing causes were fully developed, many of the corrective actions were narrowly focused or ineffective, and effectiveness reviews were not adequate. The NRC will perform a follow-up inspection after receiving written notification from the licensee that they have completed additional corrective actions and are ready to support the inspection.

▲ Note 6: Point Beach unit 1 is in the multiple/repetitive degraded cornerstone column due to a red finding and a yellow finding in the mitigating systems cornerstone originating in 1Q/2002 and 1Q/2003, respectively. Both findings are being held open in accordance with IMC 0305 for greater than 4 quarters pending the implementation of effective corrective actions to address performance deficiencies. In addition, a white finding in the emergency preparedness cornerstone originating in 4Q/2005 is not being considered in the Action Matrix due to a deviation approved by the NRC Executive Director for Operations.

▲ Note 7: Crystal River unit 3 is in the regulatory response column due to one white inspection finding in the Mitigating System Cornerstone (Fire Protection) originating in 3Q/2005.

▲ Note 8: Palo Verde unit 2 is in the degraded cornerstone column due to one yellow finding in the mitigating systems cornerstone originating in 4Q/2004. The significance determination for this final yellow finding and corresponding notice of violation were issued on April 8, 2005. The supplemental inspection was completed in December 2005. The team determined that the yellow finding would remain open, because not all of the licensee's root and contributing causes were fully developed, many of the corrective actions were narrowly focused or ineffective, and effectiveness reviews were not adequate. The NRC will perform a follow-up inspection after receiving written notification from the licensee that they have completed additional corrective actions and are ready to support the inspection.

▲ Note 9: Point Beach unit 2 is in the multiple/repetitive degraded cornerstone column due to two red findings in the mitigating systems cornerstone originating in 1Q/2002 and 1Q/2003, respectively. Both findings are being held open in accordance with IMC 0305 for greater than 4 quarters pending the implementation of effective corrective actions to address performance deficiencies. In addition, a white finding in the emergency preparedness cornerstone originating in 4Q/2005 is not being considered in the Action Matrix due to a deviation approved by the NRC Executive Director for Operations.

▲ Note 10: Davis-Besse is in the regulatory response column due to one white finding in the emergency preparedness cornerstone originating in 4Q2004. This finding was held open in accordance with IMC 0305 for greater than 4 quarters pending the implementation of effective corrective actions to address performance deficiencies which were verified to be complete on October 21, 2005. Therefore, this finding will be closed and no longer be considered in the Action Matrix with the 1Q/2006 update.

▲ Note 11: Palo Verde unit 3 is in the degraded cornerstone column due to one yellow finding in the mitigating systems cornerstone originating in 4Q/2004. The significance determination for this final yellow finding and corresponding notice of violation were issued on April 8, 2005. The supplemental inspection was completed in December 2005. The team determined that the yellow finding would remain open, because not all of the licensee's root and contributing causes were fully developed, many of the corrective actions were narrowly focused or ineffective, and effectiveness reviews were not adequate. The NRC will perform a follow-up inspection after receiving written notification from the licensee that they have completed additional corrective actions and are ready to support the inspection.

▲ Note 12: Fort Calhoun is in the regulatory response column due to one white finding in the mitigating systems conerstone originating in 1Q/2005.

▲ Note 13: Hatch unit 1 is in the regulatory response column due to one white inspection finding in the Emergency Preparedness Cornerstone (TSC removed from service greater than 7seven days) originating in 2Q/2005.

▲ Note 14: Hatch unit 2 is in the regulatory response column due to one white inspection finding in the Emergency Preparedness Cornerstone (TSC removed from service greater than 7seven days) originating in 2Q/2005.

▲ Note 15: Indian Point 2 is in the regulatory response column due to one white inspection finding in the mitigating systems cornerstone originating in 2Q/2005. The white finding related to nitrogen gas that was discovered in the safety injection (SI) system. The 95001 inspection for this finding was completed in December 2005, and provided a positive assessment of the licensee's corrective actions. Therefore, this finding will be closed and no longer be considered in the Action Matrix with the 1Q/2006 update. On October 31, 2005, the EDO approved a Deviation from the ROP Action Matrix to provide a greater level of oversight for the Indian Point 2 plant. The Deviation includes oversight activities to monitor licensee action to: 1) Characterize and remediate tritium found onsite, and 2) improve the reliability of the emergency siren system.

▲ Note 16: Oyster Creek is in the regulatory response column due to one white inspection finding in the emergency preparedness (EP) cornerstone originating in 3Q/2005. The white finding involved an inadequate response to an event involving grassing of the intake structure.

▲ Note 17:	Three Mile Island is in the regulatory response column due to a white inspection finding in the emergency preparedness cornerstone originating in 2Q/2005. The white inspection finding involved training of the Emergency Response Organization.
▲ Note 18:	Turkey Point unit 3 is in the regulatory response column due to one white performance indicator in the Mitigating System Cornerstone (Heat Removal System, (AFW), Unavailability) originating in 4Q/2005.
▲ Note 19:	Turkey Point unit 4 is in the regulatory response column due to one white performance indicator in the Mitigating System Cornerstone (Heat Removal System, (AFW), Unavailability) originating in 4Q/2005.
▲ Note 20:	On July 29, 2005, the Executive Director for Operations approved a renewal of a deviation from the ROP Action Matrix to provide a greater level of oversight for the Salem and Hope Creek Generating Stations. The deviation includes oversight activities to monitor licensee improvement efforts in SCWE and related performance attributes.
▲ Note 21:	One white inspection finding in the initiating events cornerstone originating in 2Q/2005 was determined to be an old design issue in accordance with IMC 0305, and is not considered as an input to the assessment program.
▲ Note 22:	One white inspection finding in the initiating events cornerstone originating in 2Q/2005 was determined to be an old design issue in accordance with IMC 0305, and is not considered as an input to the assessment program.
▲ Note 23:	On July 29, 2005, the Executive Director for Operations approved a renewal of a deviation from the ROP Action Matrix to provide a greater level of oversight for the Salem and Hope Creek Generating Stations. The deviation includes oversight activities to monitor licensee improvement efforts in SCWE and related performance attributes.
▲ Note 24:	On July 29, 2005, the Executive Director for Operations approved a renewal of a deviation from the ROP Action Matrix to provide a greater level of oversight for the Salem and Hope Creek Generating Stations. The deviation includes oversight activities to monitor licensee improvement efforts in SCWE and related performance attributes.

Last modification: Feb 16, 2006