January 22, 2003

Dr. Robert C. Mecredy
Vice President, Nuclear Operations
Rochester Gas and Electric Corporation
89 East Avenue
Rochester, New York 14649

SUBJECT: R. E. GINNA - NRC INTEGRATED INSPECTION REPORT 50-244/02-06

Dear Dr. Mecredy:

On December 28, 2002, the NRC completed an inspection of your R. E. Ginna facility. The enclosed report documents the inspection findings which were discussed on January 7, 2003 with Joe Widay and other members of your staff.

This inspection examined activities conducted under your license as they relate to safety and compliance with the Commission's rules and regulations and with the conditions of your operating license. The inspectors reviewed selected procedures and records, observed activities, and interviewed personnel.

Based on the results of this inspection, the inspectors identified two issues of very low safety significance (Green). Neither of these issues was determined to involve a violation of NRC requirements.

Since the terrorist attacks on September 11, 2001, the NRC has issued two Orders (dated February 25, 2002, and January 7, 2003) and several threat advisories to licensees of commercial power reactors to strengthen licensee capabilities, improve readiness, and enhance access authorization. The NRC also issued Temporary Instruction 2515/148 on August 28, 2002, that provided guidance to inspectors to audit and inspect licensee implementation of the interim compensatory measures (ICMs) required by the February 25th Order. The TI 2515/148 audit was completed at all commercial nuclear power plants during calender year (CY) '02, and the remaining inspections are scheduled for completion in CY '03. Additionally, table-top security drills were conducted at several licensees to evaluate licensee protection and mitigative strategies. Information gained and discrepancies identified during the audits and drills were reviewed and dispositioned by the Office of Nuclear Safety and Incident Response. For CY '03, the NRC will continue to monitor overall safeguards and security controls, conduct inspections, and perform force-on-force exercises at selected power plants to pilot a long-term program that will test the adequacy of licensee security and safeguards strategies. Should threat conditions change, the NRC may issue additional Orders, advisories, and temporary instructions to contribute to the assurance of safety.

In accordance with 10 CFR 2.790 of the NRC's "Rules of Practice," a copy of this letter and its enclosure will be available electronically for public inspection in the NRC Public Document Room or from the Publically Available Records (PARS) component of the NRC's document management system (ADAMS). ADAMS is accessible from the NRC website in the Public Electronic Reading Room, http://www.nrc.gov/reading-rm/adams.html.

Sincerely,

/RA/

James M. Trapp, Chief
Projects Branch 1
Division of Reactor Projects

Docket No. 50-244
License No. DPR-18

Enclosure: Inspection Report 50-244/02-06

Attachment 1: Supplemental Information

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U.S. NUCLEAR REGULATORY COMMISSION

REGION I

Docket No:	50-244
License No:	DPR-18
Report No:	50-244/2002-06
Licensee:	Rochester Gas and Electric Corporation (RG&E)
Facility:	R. E. Ginna Nuclear Power Plant
Location:	1503 Lake Road Ontario, New York 14519
Dates:	September 29 through December 28, 2002
Inspectors:	K. Kolaczyk, Senior Resident Inspector M. Marshfield, Resident Inspector C. Welch, Resident Inspector J. Caruso, Senior Operations Engineer N. Perry, Senior Project Engineer P. Frechette, Physical Security Inspector T. Moslak, Health Physicist
Approved by:	James M. Trapp, Chief Projects Branch 1 Division of Reactor Projects

SUMMARY OF FINDINGS

IR 05000244-02-06, Rochester Gas & Electric; 09/29-12/28/2002; R. E. Ginna Nuclear Power Plant. Flood Protection, Other Activities.

The inspection was conducted by resident inspectors, a regional projects inspector, and regional specialists in radiation protection and security. This inspection identified two Green issues. The significance of most findings is indicated by their color (Green, White, Yellow, or Red) using Inspection Manual Chapter (IMC) 0609, "Significance Determination Process (SDP)." Findings for which the SDP does not apply may be Green or may be assigned a severity level after NRC management review. The NRC's program for overseeing the safe operation of commercial nuclear power reactors is described in NUREG-1649, "Reactor Oversight Process," Revision 3, dated July 2000.

A. Inspector Identified Findings

Cornerstone: Mitigating Systems

- Green. The inspectors identified that RG&E did not implement an adequate test or preventive maintenance program to ensure that check valves in the floor drain system sumps would prevent flow in the reverse direction. When RG&E inspected the sump check valves in December 2002, two valves, one in the "B" Diesel Generator Room sump and the other in the "A" Battery Room sump were found to be inoperable. The potential for this problem to occur was identified in NRC Information Notice 83-44. An action report was written by RG&E to document this deficiency and the inoperable check valves were replaced.

  This finding associated with the Mitigating Systems Cornerstone was determined to be greater than minor since if a severe flooding condition occurred, or combustible gas collected in the floor drain system and ignited, multiple trains of safety-related equipment could be adversely affected. The finding was determined to be of very low safety significance in accordance with phase 3 of the SDP since the probability of a flood or fire event propagating through the floor drain system and rendering safety-related equipment inoperable was low and a flooding or fire event did not occur. The failure to test the check valves did not constitute a violation of regulatory requirements. (Section 1RO6)

Cornerstone: OTHER

- Green. The inspectors identified that during a fire drill, RG&E did not fully implement all aspects of the fire attack strategy. This deficiency was not identified by RG&E in the post drill critique. An action report was written by RG&E to document this deficiency.

Summary of Findings (cont'd)

This finding, associated with the Mitigating Systems Cornerstone, was determined to be greater than minor because it has a credible impact on safety since incomplete implementation of the fire attack strategy may prevent a fire from being extinguished or cause a fire to propagate leading to a significant event. The finding was determined to be of very low safety significance in accordance with Phase 1 of the fire SDP because the fire brigade is only a single element of the defense-in-depth fire protection strategy. (Section 40A2)

B. Licensee Identified Violations

None.

Report Details

SUMMARY OF PLANT STATUS

Ginna operated at full reactor power throughout the inspection period.

1. REACTOR SAFETY
Initiating Events, Mitigating Systems, and Barrier Integrity [Reactor - R]

R01 Adverse Weather Protection

a. Inspection Scope

The inspectors reviewed RG&E's cold weather protective measures to ensure that systems required for safe plant operation would remain functional when challenged by adverse weather conditions. To perform this review, the inspectors performed walkdowns of plant areas that were susceptible to freezing conditions, and verified space heaters appeared to be functioning properly. In addition, the inspectors verified heat trace circuits were energized, the intake structure heaters were aligned in accordance with station procedures, and external ventilation system openings were closed. Procedure M-1306.1, "Ginna Station, Maintenance Department Winterizing Inspection Program," and A-54.4.1, "Cold Weather Walkdown Procedures," were used as references. The inspectors also verified RG&E's response to a December 2, 2002 winter storm was in accordance with ER-SC.1, "Adverse Weather Plan."

b. Findings

No findings of significance were identified.

R04 Equipment Alignment

a. Inspection Scope

The inspectors performed three partial walkdowns of the critical portions of the containment spray, auxiliary feedwater, and auxiliary building ventilation systems. The inspectors reviewed system alignments to verify that they were aligned properly as required by technical specifications and procedures. The containment spray system was selected due to its high risk significance and one train being unavailable during planned maintenance. The auxiliary feedwater system was selected due to its high risk significance and recent operating experience at Point Beach (NRC Information Notice 2002-29). The auxiliary building ventilation system was selected, because the system had recently undergone several maintenance activities. During the walkdowns, the inspectors also evaluated material conditions and general housekeeping of the systems and adjacent spaces.

The inspectors conducted a detailed walkdown of the alignment and condition of the service water system. The service water system was selected due to its high risk significance. For the service water system walkdown, in addition to verifying the system was aligned properly as required by technical specifications, RG&E procedures and drawings, the inspector reviewed system maintenance records, and action reports, to verify the outstanding maintenance activities did not significantly affect system function.

b. Findings

No findings of significance were identified.

R05 Fire Protection

1a. Inspection Scope

Area Walkdowns

The inspectors conducted walkdowns of fire areas to determine if there was adequate control of transient combustibles and ignition sources. The material condition of fire protection systems, equipment and features, and the material condition of fire barriers were also inspected against industry standards. In addition, the fire protection features were inspected, including the ventilation system fire dampers, structural steel fire proofing, and electrical penetration seals. Documents reviewed during the walkdowns are listed in the attachment. The following plant areas were inspected:

- Intermediate Building Hot Side Basement
- Intermediate Building Hot Side Middle Level
- Sodium Hydroxide Room
- Charging Pump Room
- Diesel Generator Unit 1B
- Standby Auxiliary Feedwater Pump Building
- Diesel Generator Unit 1A
- Relay Room

1b. Findings

No findings of significance were identified.

2a. Fire Brigade Drill

The inspectors observed a scheduled test of the fire brigade conducted at 9:00 p.m. on October 25, 2002. The test involved a simulated fire in the “C” condensate booster pump. The inspectors verified the fire brigade personnel responded quickly to the fire, and used appropriate personal protective equipment. While combating the fire, the inspectors verified the brigade used proper fire fighting techniques, and performed satisfactorily as a team.

2b Findings

Observations regarding the adequacy of the fire drill and post fire drill critique are discussed in Section 4OA2 of this report.

R06 Flood Protection Measures

a. Inspection Scope

To evaluate RG&E's internal flood protection measures, the inspectors reviewed procedures ER-SC.1, "Adverse Weather Plan," and ER-SC.2, "High Water Flood Plan." The inspectors also toured the screenhouse, auxiliary building, turbine building basement, battery rooms, and emergency diesel generator rooms. During these tours, the inspectors evaluated the physical condition of penetration seals, watertight doors, pump pedestals, curbs, and floor drains. The inspectors also reviewed what actions RG&E took in response to Information Notice 83-44, Supplement 1, dated August 30, 1990, "Potential Damage to Redundant Safety Equipment as a Result of Backflow Through the Floor Drain System."

b. Findings

Introduction

Green. The inspectors identified that RG&E did not implement an adequate test or preventive maintenance program to ensure that check valves in the floor drain system sumps would prevent flow in the reverse direction. When RG&E inspected the sump check valves in December 2002, two valves, one in the "B" Diesel Generator Room sump and the other in the "A" Battery Room sump were found to be inoperable. As a result, if a severe flooding condition occurred, or combustible gas collected in the floor drain system and ignited, multiple trains of safety-related equipment could be adversely affected. The potential for this problem to occur was identified in NRC Information Notice 83-44.

Description

Information Notice 83-44 described an event that occurred at another nuclear facility, where the licensee found the flapper type check and ball valves in the floor drain sumps had stuck open or eroded away. The NRC concluded that this condition could have allowed flood water to back flow from one sump to another, and possibly render multiple trains of safety-related equipment inoperable.

The floor drain system at Ginna includes several interconnecting pipes and sumps that collect water from safety-related and non safety-related areas in the plant, including the diesel generator structure, intermediate building and battery rooms. The drains flow into the discharge canal or an onsite buried retention tank located adjacent to the screenhouse. Section 9.5.1.2.4.5 of the Ginna Updated Final Safety Analysis Report (UFSAR) indicates that liquid or gas back flow through the floor drain system is prevented, in part, by the swing and ball check valves located in the room sumps.

RG&E's assessment of Information Notice 83-44 determined the internal flooding issue identified in the Notice was addressed by Procedure M-95, "Annual Inspection, Maintenance and Operational Check of Backflow Protection System." The inspectors reviewed procedure M-95, and concluded the maintenance and testing activities described in M-95 would not address the concerns identified in Information Notice 83-44 since the test instructions contained in the procedure only ensured the sump check valves would pass flow in the forward direction. The ability of the valves to stop flow in the reverse direction, which was the concern described in Information Notice 83-44, was not verified.

When RG&E inspected the sump check valves in December 2002, two valves, one in the "B" Diesel Generator Room sump and the other in the "A" Battery Room sump were found to be inoperable. RG&E documented the inspector's observation regarding procedure M-95 and the condition of the check valves in Action Reports 2002-2372, "Inadequate Inspection of Floor Drains" and 2002-2725, "Floor Drain Concerns." The inoperable valves were replaced.

Analysis

This finding associated with the Mitigating Systems Cornerstone was considered greater than minor since the degraded check valves could have allowed water or combustible gas to back flow through the floor drain system and render inoperable multiple trains of safety-related equipment. In the most recent Ginna Probabilistic Risk Assessment (PRA), internal flooding and fire events constituted 18% and 39% of the sequences that led to a core damage event.

The phase 1 significance determination screening process was applied and determined that a phase 3 evaluation was required. The phase 3 SDP analysis concluded that this issue was of very low safety significance (Green), because of the low initiative event frequency of a flood in the turbine building or combustible gas migration that would challenge the function of the degraded check valves. Furthermore, based on sump design and operability of the sump pumps, the failure of these check valves alone would not cause water to enter either the "A" Battery Room or the "B" Diesel Generator Room.

Enforcement

No violation of regulatory requirements occurred.

R11 Licensed Operator Requalification

a. Inspection Scope

An inspector observed licensed operator requalification training on October 8, 2002. The evaluation observed was training scenario #ES1213-02. The inspector reviewed the critical tasks associated with the evaluation, observed the operators' performance during the exercise, and observed the post evaluation critique. The inspector also reviewed and verified compliance with Ginna procedure OTG-2.2, "Simulator Examination Instructions."

A review was also conducted of the RG&E administered requalification exam results for the biennial testing cycle. The inspection assessed whether pass rates were consistent with the guidance of NUREG-1021, Revision 8, "Operator Licensing Examination Standards for Power Reactors" and NRC Manual Chapter 0609, Appendix I, "Operator Requalification Human Performance Significance Determination Process (SDP)."

The inspector verified that:

- Crew pass rate was greater than 80%. (Pass rate was 100%)
- Individual pass rate on the dynamic simulator test was greater than or equal to 80%. (Pass rate was 100%)
- Individual pass rate on the comprehensive written exam was greater than 80%. (Pass rate was 97%)
- Individual pass rate on the walk-through (JPMs) was greater than 80%. (Pass rate was 97%)
- More than 75% of the individuals passed all portions of the exam. (94% of the individuals passed all portions of the exam)

b. Findings

No findings of significance were identified.

R12 Maintenance Effectiveness

a. Inspection Scope

The inspectors assessed the effectiveness of maintenance on plant systems to verify that: (1) failed structures, systems, and components (SSC's) were properly characterized in the RG&E Maintenance Rule Monthly Reports, (2) goals and performance criteria

were appropriate, (3) corrective action plans were appropriate, and (4) performance was being effectively monitored in accordance with RG&E procedures EP-2-P-0167, "Maintenance Rule Monitoring" and EP-2-P-0168, "Maintenance Rule Scoping." The inspectors selected the following safety significant system:

- System 43C, Source Range Nuclear Instrumentation.

a. Findings

No findings of significance were identified.

R13 Maintenance Risk Assessments and Emergent Work Evaluation

a. Inspection Scope

The inspectors evaluated the effectiveness of RG&E's maintenance risk assessments required by paragraph a(4) of 10 CFR 50.65. This inspection included discussions with control room operators and scheduling department personnel regarding the use of RG&E's online risk monitoring software. The inspectors reviewed equipment tracking documentation, daily work schedules, and performed plant tours to gain reasonable assurance that actual plant configuration matched the assessed configuration. Additionally, the inspectors verified that RG&E's risk management actions, for both planned and/or emergent work, were consistent with those described in procedure IP-PSH-2, "Integrated Work Schedule Risk Management." Risk assessments for the following out of service systems, structures, and/or components were reviewed.

- October 9, 2002, for planned maintenance on the Turbine Driven Auxiliary Feedwater (TDAFW) system including innovative testing methodology.

- Unplanned corrective maintenance conducted on October 20, 2002, to correct steam generator secondary side leakage inside containment due to seat leakage past drain valve 5706 on the "B" steam generator blowdown line.

- Unplanned corrective maintenance performed on November 8, 2002, to repair a defect in the control room ventilation system ductwork.

- Unplanned corrective maintenance performed on November 11, 2002, to repair a service water leak at the discharge of the "A" Component Cooling Water (CCW) heat exchanger.

- Unplanned maintenance performed on December 18, 2002, to repair a service water leak at the discharge of the "A" CCW heat exchanger.

b. Findings

No findings of significance were identified.

R15 Operability Evaluations

a. Inspection Scope

The inspectors reviewed the following operability evaluations to determine if system operability had been verified through analysis or the establishment of appropriate compensatory measures:

- Action Report (AR) 2002-2340, "Pyrocrete Covering Defect Needs Repair." This AR identified an RG&E discovery that a pyrocrete fire barrier was damaged. The damaged fire barrier was detected during the performance of a routine fire barrier surveillance. An RG&E technical evaluation of the condition determined the condition was acceptable. The inspector reviewed the technical evaluation that accompanied the AR to verify it provided a reasonable basis why the degradation was not risk significant and did not affect operability of the fire barrier.

- AR 2002-2415, "A CST Diaphragm Appears Inflated." This AR identified an RG&E discovery that air was trapped beneath the internal neopreme diaphragm on the "A" Condensate Storage Tank. Air underneath the diaphragm could adversely affect the tank level indicating system. In the presence of the CST system engineer, the inspector examined the tank diaphragm, and following the field inspection, reviewed the technical evaluation that assessed the condition. Based upon the observed condition of the bladder, and review of the analysis, the inspector concluded that the technical evaluation was acceptable.

- AR 2002-2537, "Threaded Connections Inside Containment." This AR identified an RG&E discovery that a thread sealant, which could degrade in a loss of coolant accident, had been applied to several pipe joints that were located in systems within the containment structure. During an accident, leaking joints could affect containment integrity or dilute boron in the containment sump. The RG&E-prepared technical evaluation that assessed the condition, concluded through analysis and tests conducted on similar pipe configurations that the condition was acceptable. The inspector reviewed the technical evaluation that accompanied the AR and verified the evaluation was acceptable.

- AR 2002-2498, "Point Beach AFW SYS Recirc Orifice." This AR was initiated by RG&E in response to an event that occurred at the Point Beach Nuclear Generating Station, where an orifice in one of the station's auxiliary feedwater pump recirculation lines was found plugged by debris. In response to that event, RG&E verified through discussions with the Ginna AFW system orifice vendor, and by performing confirmatory radiography that the Ginna orifices were not susceptible to the type of fouling observed at Point Beach. The Ginna orifices had larger clearances which made them less susceptible to fouling. The inspector reviewed what action RG&E had completed in response to the Point Beach event, and concluded the actions provided an adequate basis why the Ginna AFW system was operable.

b. Findings

No findings of significance were identified.

R19 Post Maintenance Testing

a. Inspection Scope

The inspectors reviewed the post maintenance tests for the following work orders (WO) to verify that RG&E appropriately demonstrated the components' ability to perform their intended safety function:

- WO 20103716, Replace internal wiring MMCC for MOV 704A, RHR train A
- WO 20103717, Replace internal wiring MMCC for MOV 857C, RHR train A
- WO 20202394, Replace positioner PZ/4298
- WO 20201246, SW and Fire Pump Strainers - Divers Inspect and Clean as per M-92
- WO 20201663, Provide Open and Close Throttling Capabilities for TDAFW Pump Discharge Valve MOV 3996 in Accordance with PCR 2001-0043
- WO 20201746, "A" MDAFW Pump PM

b. Findings

No findings of significance were identified.

R22 Surveillance Testing

a. Inspection Scope

The inspectors witnessed the performance and/or reviewed test data for the following activities to verify that the tests demonstrated the associated system's functional capability and operational readiness:

- PT-13.3, "Fire Pump Electrical Equipment Surveillance"
- PT-12.6B, "Diesel Generator Fuel Oil Transfer Pump B Test"
- PT-9.1.18, "Undervoltage Protection - 480 Volt Safeguard Bus 18"
- PT-2.3.1M, "Post Accident Charcoal Filter Dampers - Monthly"
- T-27.2, "Diesel Generator B Prestart Alignment"
- PT-12.2, "Diesel Generator B Monthly"
- CPI-RADMON- SPING4, "Calibration of Sping4 Radiation Monitors R-12A, R-14A, and R-15A"

b. Findings

No findings of significance were identified.

R23 Temporary Plant Modifications

a. Inspection Scope

The following temporary modifications (TM's) were reviewed and visually inspected by the inspectors to verify that the TM's were installed in conformance with the instructions contained in procedure IP-DES-3, "Temporary Modifications":

- 2001-0012, "Temporary SI Accumulator Makeup Pump"
- 2001-0014, "Installation of Temporary Gauge"
- 2002-0011, "Control Room Inlet Flex Joint SCS152 Repair"

b. Findings

No findings of significance were identified.

Emergency Preparedness [EP]

EP6 Drill Evaluation

a. Inspection Scope

On October 7, 2002, the inspector observed a licensed operator training assessment that included an emergency activation level classification. Training scenario #ECA1213-02 was observed. The inspector verified that the appropriate emergency classification was identified, and external notifications to responsible parties were completed in a timely manner as required by the Ginna emergency response plan.

On October 22, 2002, the inspector observed portions of the annual emergency preparedness drill. The drill scenario included a loss of coolant accident in the chemical and volume control system, and a fire in the screenhouse. The inspector verified that the appropriate emergency classification was identified, and external notifications to responsible parties were completed in a timely manner as required by the Ginna emergency response plan.

b. Findings

No findings of significance were identified.

4. OTHER ACTIVITIES [OA]

OA1 Performance Indicator Verification

a. Inspection Scope

The inspectors verified the completeness and accuracy of the following safety system unavailability performance indicators (PI) associated with the mitigating system cornerstone:

- High Pressure Injection system (SI)
- Heat Removal System (AFW)

The inspection was accomplished by discussion with plant personnel and review of unavailability tracking documentation, operator logs, action reports, work orders, and selected surveillance procedures. The period reviewed included the fourth quarter 2001, and the second and third quarters of 2002. The inspector verified that an NRC-identified reporting error in the AFW PI documented in AR 2002-2450, did not cause a threshold to be exceeded that would result in a change in color or significance. RG&E will correct the error in the next quarterly submittal.

The inspector reviewed various reports for the period of October 1, 2001, through December 1, 2002, for issues related to the public radiation safety performance indicator, which measures radiological effluent release occurrences for the site. The following documents were reviewed:

- Monthly projected dose assessment results due to radioactive liquid and gaseous effluent releases
- Quarterly projected dose assessment results due to radioactive liquid and gaseous effluent releases
- Dose assessment procedures

Finally, the inspector reviewed implementation of RG&E's Occupational Exposure Control Effectiveness Performance Indicator (PI) Program. Specifically, the inspector reviewed corrective action program records for occurrences involving locked high radiation areas, very high radiation areas, and unplanned personnel exposures since the last inspection against the applicable criteria specified in Nuclear Energy Institute (NEI) 99-02, Regulatory Assessment Performance Indicator Guideline, Revision 2, to verify that all occurrences that met the NEI criteria were used in the Performance Indicator program.

b. Findings

No findings of significance were identified.

OA2 Identification and Resolution of Problems

1. Effectiveness of Problem Identification

a. Inspection Scope

The inspector observed an RG&E critique of the October 25, 2002, fire brigade drill to verify RG&E self-identified fire brigade performance issues observed by the inspector.

b. Findings

Introduction

Green. The inspectors identified that during the fire drill, the fire brigade did not fully implement all aspects of the fire attack strategy. This deficiency was not identified by RG&E in the post drill critique.

Description

Step 4.0 of Fire Response Procedure (FRP) 21.0 “Turbine Building Basement” indicated that in the event of a fire in the turbine building, fire doors F20, F36, and roll-up security door S10 should be closed to control air movement. This step was not completed during the October 25, 2002, drill, and this deficiency was not identified during the post drill critique. The inspectors noted the RG&E drill evaluator may have missed this observation since the post fire drill critique form contained in SC-3.4.1, “Fire Brigade Captain and Control Room Personnel Responsibilities,” did not appropriately include implementation of the fire protection strategy as a performance element. AR 2002-2485 “Fire Brigade Drill” was initiated by RG&E to document the inspector’s observations.

Analysis

This finding, associated with the Mitigating Systems Cornerstone, was determined to be greater than minor because it has a credible impact on safety since incomplete implementation of the fire attack strategy may prevent a fire from being extinguished or cause a fire to propagate leading to a significant event. The finding was determined to be of very low safety significance (Green) in accordance with Phase 1 of the fire SDP because the fire brigade is only a single element of the defense-in-depth fire protection strategy.

Enforcement

No violation of regulatory requirements occurred.

2. Effectiveness of Corrective Actions

a. Inspection Scope

In accordance with the guidance contained in Inspection Procedure (IP) 71152, the inspectors selected several Action Reports (AR's) regarding the nuclear instrumentation system for detailed review. These AR's documented calibration issues, and instrument failures that were associated with the source, intermediate, and power range instrumentation channels. The AR's were reviewed to ensure that the full extent of the issues was identified, that appropriate evaluations had been performed, and that appropriate corrective actions were specified and prioritized. The inspectors also reviewed a report prepared by an independent consultant that RG&E hired to investigate several recent failures of the source range instrumentation channels. Finally, the inspector verified RG&E evaluated these issues as required by the maintenance rule 10 CFR 50.65.

b. Findings

No findings of significance were identified.

OA3 Event Follow-up

a. Inspection Scope

The inspectors reviewed Licensee Event Reports (LER's) 05000244/2002-01-00 and 05000244/2002-02-00. LER 05000244/2002-01-00 described a manual reactor trip on February 5, 2002, following the loss of a circulating water pump. RG&E's response to the event was previously addressed in NRC Inspection Report 2001-012, dated March 18, 2002. This LER was reviewed by the inspectors and no findings of significance were identified. RG&E documented this event in the Ginna corrective action program under AR 2002-0193. This event described in LER 05000244/2002-01-00 did not constitute a violation of NRC requirements and it is closed.

LER 05000244/2002-02-00, documented that during a routine walkdown of the control room ventilation system conducted on November 8, 2002, RG&E personnel discovered that a section of flexible ductwork had become detached from the suction of control room recirculation fan AKF08, rendering the control room ventilation system inoperable. RG&E repaired the condition by installing flexible insulation material over the ductwork opening. Although RG&E could not identify a definitive root cause for the failure, RG&E believes the ductwork was damaged by an individual stepping on the joint, and overstressing the area to the point of failure.

This finding, associated with the Mitigating Systems Cornerstone, was determined to be minor since the condition did not affect other trains of plant equipment that mitigate fires, floods or reactor events. This licensee-identified finding was entered into the Ginna corrective action program under AR 2002-3412. This LER is closed.

b. Findings

No findings of significance were identified.

OA5 Other Activities

a. Inspection Scope

An audit of RG&E's performance of the interim compensatory measures imposed by the NRC's Order Modifying License, issued February 25, 2002 was completed in accordance with the specifications of NRC Inspection Manual Temporary Instruction (TI) 2515/148, Revision 1, Appendix A, dated September 13, 2002.

b. Findings

No findings of significance were identified.

OA6 Meetings, Including Exit

a. Exit Meeting Summary

On January 7, 2003, the inspectors presented their overall findings to members of RG&E management led by Joe Widay. RG&E management acknowledged the findings presented. No proprietary information was identified.

b. License Renewal EIS Pubic Meeting

On November 6, 2002, the NRC conducted two public meetings at the Webster, NY library. The purpose of the meetings was to discuss RG&E's application to the NRC to extend the operating license of Ginna by twenty years, and to solicit comments on the Environmental Impact Study (EIS), which the NRC would prepare in response to the RG&E application.

Attachment 1

Supplemental Information

a. Key Points of Contact

RG&E

H. Aurand	Commitment Coordinator
P. Bamford	Operations Manager
R. Biedenbach	Safety/Fire Coordinator
M. Flaherty	Nuclear Safety & Licensing Manager
B. Flynn	Primary Systems and Reactor Engineering Manager
R. Gaspar	Radiochemistry Supervisor
J. Hotchkiss	Mechanical Maintenance Manager
R. Marchionda	Nuclear Assessment Department Manager
F. Mis	Chemistry Manager
T. Plantz	Maintenance Systems Manager
R. Ploof	Scheduling Manager
R. Popp	Production Superintendent
J. Smith	Maintenance Superintendent
L. Sucheski	Performance Monitoring Engineer
R. Teed	Nuclear Security Supervisor
W. Thomson	Manager, Radiation Protection
R. Watts	Nuclear Training Department Manager
J. Wayland	I&C/Electrical Maintenance Manager
T. White	Balance of Plant Systems Engineering Manager
J. Widay	VP, Plant Manager

b. List of Items Opened, Closed, and Discussed

Closed

05000244/2002-01-00	LER	Loss of “A” Condenser Circulating Water Pump Results in Manual Reactor Trip (Section 4OA3)
05000244/2002-02-00	LER	Small Breach in Ventilation System Results in Potentially Not Being Able to Mitigate the Consequences of an Accident (Section 4OA3)

c. List of Documents Reviewed

Action Reports:

2000-1172	Loss of Both Source Range Nuclear Instruments
2001-0808	Intermediate Range N-36 Trended Down
2002-0132	N-36 Isolation Amplifier Found Out of Tolerance
2002-0275	Unexpected Quadrant Power Tilt Alarm
2002-1279	N36 Failed Low
2002-1544	Axial Tilt Upper Output Zero Reads Falsely High
2002-2372	Inadequate Inspection of Floor Drains
2002-2375	Work Started With Outdated Procedure Revision
2002-2379	Number Transposed on PI Data Form
2002-2402	Unposted Radiation Area
2002-2415	"A" CDT Diaphragm Appears Inflated
2002-2418	Hole in Retention Tank Piping Near Elbow
2002-2498	Point Beach AFW SYS Recirc Orifice
2002-2537	Threaded Connections Inside Containment
2002-2529	Work Instructions For Job Doesn't Match Technical Evaluation
2002-2559	HVAC expansion joint torn
2002-2569	Service Water Leak at "A" Component Cooling Water Heat Exchanger Outlet
2002-2580	Potentially Unmonitored Release Path- Retention Tank Pipe
2002-2583	A-54.4.1 Observations
2002-2623	Administrative Control Enhancement for Class 3 Pressure Boundary
2002-2725	Floor Drain Concerns

Effluent and Dose Assessment Reports:

Annual Radiological Environmental Operating Report - 2001
Annual Radiological Effluent Release Report - 2001
Quarterly and Monthly Liquid Release and Dose Summary Reports 10/01/2001 to 10/01/2002
Quarterly and Monthly Gaseous Release and Dose Summary Reports 10/01/2001 to 10/01/2002

Procedures:

CPI-RADMON-SPING4, Calibration of SPING4 Radiation Monitors, R-12A, R-14A, and R-15A, Rev 16
IP-LPC-8, NRC Performance Indicators, Revision 3
PT-16Q-A, Auxiliary Feedwater Pump - A, Quarterly, Revision 42
RPA-PERFORMANCE-IND, RP Performance Indicator Guideline, Revision 1
Fire Hazards Analysis sections 7.9 Fire Area EDG1A, 7.10 Fire Area EDG1B, and 7.12 Fire Area SAF
FRP-24.0 Diesel Generator Room A and Vault, Revision 2
FRP-25.0 Diesel Generator Room B and Vault, Revision 4
FRP-35.0 Standby Auxiliary Feedwater Building, Revision2
S-30.3, Containment Spray System Valve and Breaker Position Verification
S-30.4, Auxiliary Feedwater System Valve and Breaker Position