December 8, 2005

Mr. James A. Spina
Vice President Nine Mile Point
Nine Mile Point Nuclear Station, LLC
P.O. Box 63
Lycoming, NY 13093

SUBJECT: NINE MILE POINT NUCLEAR POWER STATION - NRC PROBLEM IDENTIFICATION AND RESOLUTION INSPECTION REPORT 05000220/2005007 AND 05000410/2005007

Dear Mr. Spina:

On November 4, 2005, the US Nuclear Regulatory Commission (NRC) completed a team inspection at the Nine Mile Point Nuclear Power Station (NMPNS) Units 1 and 2. The enclosed inspection report documents the inspection findings, which were discussed with you and members of your staff at an exit meeting on November 4, 2005.

This inspection was an examination of activities conducted under your license as they relate to the identification and resolution of problems, and compliance with the Commission's rules and regulations and the conditions of your license. Within these areas, the inspection involved examination of selected procedures and representative records, observations of activities, and interviews with personnel.

On the basis of the sample selected for review, the team concluded that in general, problems were properly identified, evaluated, and corrected. Relatively few deficiencies were identified by external organizations that had not been previously identified by your organization. Audits and assessments were generally thorough; however, the inspectors did identify a few missed opportunities to identify issues during internal assessments.

This report documents one NRC-identified finding of very low safety significance (Green). This finding was determined to be a violation of NRC requirements. Additionally, a licensee-identified violation which was determined to be of very low safety significance is listed in this report. However, because of the very low safety significance and because they have been entered into your corrective action program, the NRC is treating these findings as non-cited violations (NCVs), in accordance with Section VI.A.1 of the NRC's Enforcement Policy. If you contest any NCV in this report, you should provide a response within 30 days of this inspection report, with the basis for your denial, to the Nuclear Regulatory Commission, ATTN: Document Control Desk, Washington DC 20555-0001, with copies to the Regional Administrator Region 1; the Director, Office of Enforcement, U.S. Nuclear Regulatory Commission, Washington DC 20555-0001; and the NRC Resident Inspector at the Nine Mile Point facility.

In accordance with 10 CFR 2.390 of the NRC's "Rules of Practice," a copy of this letter and its enclosure, and your response, if any, 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 system (ADAMS). ADAMS is accessible from the NRC Website at http://www.nrc.gov/reading-rm/adams.html (the Public Electronic Reading Room).

Sincerely,

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

Docket Nos. 50-220, 50-410
License Nos. DPR-63, NPF-69

Enclosure: Inspection Report 05000220/2005007 and 05000410/2005007 w/Attachment: Supplemental Information

cc w/encl:
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U.S. NUCLEAR REGULATORY COMMISSION

REGION I

Docket Nos:	50-220, 50-410
License Nos:	DPR-63, NPF-69
Report Nos:	05000220/2005007 and 05000410/2005007
Licensee:	Nine Mile Point Nuclear Station, LLC (NMPNS)
Facility:	Nine Mile Point, Units 1 and 2
Location:	Lake Road Oswego, NY
Dates:	October 17 - November 4, 2005
Team Leader:	T. Walker, Senior Project Engineer, Division of Reactor Projects
Inspectors:	B. Fuller, Resident Inspector, Nine Mile Point A. Rosebrook, Project Engineer, Division of Reactor Projects S. McCarver, Project Engineer, Division of Reactor Projects
Observer:	A. Ziedonis, Reactor Engineer, Division of Reactor Projects
Approved by:	James M. Trapp, Chief Projects Branch 1 Division of Reactor Projects

Enclosure

SUMMARY OF FINDINGS

IR 05000220, 05000410/2005-007; 10/17/2005 - 11/04/2005; Nine Mile Point, Units 1 and 2; Biennial Baseline Inspection of the Identification and Resolution of Problems. A violation was identified in the area of fire brigade training.

This team inspection was performed by three region-based inspectors and one resident inspector. One finding of very low safety significance (Green) was identified during this inspection and was classified as a non-cited violation (NCV). The significance of most findings is indicated by their color (Green, White, Yellow, Red) using Inspection Manual Chapter (IMC) 0609, "Significance Determination Process." Findings for which the Significance Determination Process (SDP) does not apply may be Green or 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.

Identification and Resolution of Problems

The team determined that Constellation's Nine Mile Point (NMP) Nuclear Power Station was effective at identifying problems and entering them into the corrective action program (CAP). Relatively few deficiencies were identified by external organizations (including NRC) that had not been previously identified by the licensee. Audits and self-assessments were generally thorough; however, the inspectors did identify a few missed opportunities to identify issues during internal assessments. Once entered into the CAP, issues were screened and prioritized in a timely manner using established criteria. Items entered into the CAP were properly evaluated commensurate with their safety significance. The causal evaluations for equipment and performance issues were complete, and proposed corrective actions addressed the identified causes. Corrective actions were generally effective and typically implemented in a timely manner. However, corrective actions for previous fire brigade drill failures were incomplete and untimely.

A. NRC Identified and Self-Revealing Findings

Cornerstone: Mitigating Systems

- Green. The NRC identified a Green non-cited violation (NCV) of 10 CFR 50.54(a)(1) for failure to take complete and timely corrective actions for fire brigade drill failures in May 2004. The inspectors found that a proposed corrective action to develop qualification standards for fire brigade leaders and brigade members had not been completed, and a corrective action to develop performance based assessment tools was not completed until September 16, 2005. These corrective actions would have addressed some of the identified causes for a drill failure in September 2005. The inspectors also identified that effective corrective actions had not been taken for fire brigade performance issues that resulted in a drill failure in 2003. The actions taken were limited to reinforcing existing assembly practices and did not address brigade member concerns about lack of familiarity with plant access and egress routes.

Corrective actions are planned to develop objective standards for fire brigade performance and to revise the drill assessment tools to reflect those standards.

The failure to take complete and timely corrective actions to address fire brigade performance issues was more than minor because it affected the protection against external factors attribute of the Mitigating Systems Cornerstone in that it adversely impacted manual fire suppression capability. The finding is not suitable for SDP evaluation, but has been reviewed by NRC management and is determined to be a finding of very low safety significance (Green). Although the lack of fire brigade performance standards and evaluation criteria contributed to several drill failures, the finding was of very low safety significance because fire brigade performance has been satisfactory during the majority of drills. The cause of this finding was related to the cross-cutting element of problem identification and resolution in that it was related to incomplete and untimely corrective actions. (Section 4OA2.3)

B. Licensee-Identified Violations

A violation of very low safety significance, which was identified by the licensee, has been reviewed by the inspectors. Corrective actions taken or planned by the licensee have been entered into the CAP. This violation is listed in Section 4OA7 of this report.

REPORT DETAILS

4. OTHER ACTIVITIES (OA)

4OA2 Problem Identification and Resolution (Biennial - IP 71152B)

1. Effectiveness of Problem Identification

a. Inspection Scope

The inspection team reviewed the procedures, listed in the Attachment to this report, describing the corrective action program (CAP) at Constellation's Nine Mile Point (NMP) Nuclear Power Station. Constellation identifies problems by initiating Condition Reports (CRs) for conditions adverse to quality, human performance problems, equipment nonconformances, industrial or radiological safety concerns, and other significant issues. The CRs are subsequently screened for operability, categorized by priority and significance (1 through 4), and assigned for evaluation and resolution. The station uses the electronic Corrective Action Program (eCAP).

The team considered risk insights from the NRC's and Constellation's risk analyses to focus the sample selection and plant tours on risk-significant systems and components. The team reviewed CRs selected across the seven cornerstones of safety in the NRC's Reactor Oversight Process (ROP) to determine if problems were being properly identified, characterized, and entered into the CAP for evaluation and resolution. The team selected items from the maintenance, operations, engineering, emergency planning, security, radiological protection, and oversight programs to ensure that the licensee was appropriately considering problems identified in each functional area. The team used this information to select a risk-informed sample of CRs that had been issued since the last NRC Problem Identification and Resolution (PI&R) inspection, which was completed in October 2003. In accordance with IP 71152, the instrument air and fire protection systems were selected for an expanded review covering the last five years.

In addition to CRs, the team conducted plant tours and selected items from other processes at Nine Mile Point to verify that problems identified in these areas were entered into the corrective action program when appropriate. Specifically, the team reviewed a sample of work requests, engineering requests, operator log entries, control room deficiency logs, operator work-around lists, operability determinations, engineering program and system health reports, temporary modifications, and training requests. The documents were reviewed to ensure that underlying problems associated with each issue were appropriately considered for resolution via the corrective action process. In addition, the team interviewed plant staff and management to determine their understanding of and involvement with eCAP. The CRs and other documents reviewed, and a list of key personnel contacted, are listed in the Attachment to this report.

The team reviewed a sample of the licensee's Quality and Performance Assessment (Q&PA) audits and surveillances, including the most recent audit of the CAP, quarterly assessment reports, and departmental self-assessments. This review was performed to determine if problems identified through these assessments were entered into eCAP,

and whether the identified issues were dispositioned appropriately commensurate with the safety significance of the issue. The effectiveness of the audits and self-assessments was evaluated by comparing audit and self-assessment results against self-revealing and NRC-identified findings, and current observations during the inspection.

b. Findings and Assessments

No findings of significance were identified.

The team concluded that Constellation was generally effective at problem identification at Nine Mile Point. The station staff had appropriate knowledge of eCAP and the corrective action program, and entered identified problems into the program at an appropriate threshold. There were approximately 5800 CRs initiated in 2004 and approximately 4400 in 2005 at the time of the inspection. Station staff promptly initiated CRs, as appropriate, in response to deficiencies or issues raised by the inspection team. The team did not identify any significant issues in the maintenance, engineering, or operations tracking systems which did not have a CR associated with them.

Relatively few deficiencies were identified by external organizations, including the NRC, that had not been previously identified by the licensee. Audits and self-assessments were generally thorough; however, the inspectors did identify a few missed opportunities to identify issues during internal assessments. For example, a Radiation Protection self-assessment in November 2003 failed to identify program and procedural problems related to control of high radiation areas (HRAs) and HRA work control. In early 2004 there were numerous high radiation area work control issues (i.e., entry into a HRA without being signed onto a HRA radiation work permit (RWP) and a locked HRA being left unlocked). The self-assessment conducted in late 2003 was a missed opportunity to identify and correct these issues before they occurred. The programmatic and procedural problems resulted in a number of HRA control deficiencies. Additionally, Q&PA audits in late 2004 and mid 2005 failed to identify that fire brigade training on fire hazards was not being conducted as required by Appendix R. (This issue was a licensee identified violation and is discussed in Section 4OA7.)

Each department is responsible for reviewing identified issues to look for trends. This program has generally been effective in identifying trends relating to conditions adverse to quality, particularly within the last 6 months.

2. Prioritization and Evaluation of Issues

a. Inspection Scope

The inspection team reviewed the CRs listed in the Attachment to assess whether Constellation adequately evaluated and prioritized the identified problems. The team selected the CRs to cover the seven cornerstones of safety identified in the NRC's Reactor Oversight Process. This review included Constellation's evaluation of problems

associated with these systems, including incorporation of industry operating experience information for applicability to the facility.

The CRs reviewed encompassed the full range of the licensee's evaluations, including root cause analyses, apparent cause evaluations, common cause evaluations and human error cause evaluations. The review included the appropriateness of the assigned significance, the scope and depth of the causal analysis, and the timeliness of the resolutions. For significant conditions adverse to quality, the team reviewed the licensee's corrective actions to preclude recurrence. The team observed CR screening meetings, in which Constellation managers reviewed incoming CRs for prioritization and evaluated preliminary corrective action assignments, analyses, and plans. The team also reviewed equipment operability determinations, reportability assessments, and extent-of-condition (EOC) reviews for selected problems. The team assessed the backlog of corrective actions for selected areas, including the maintenance department backlog, to determine, individually and collectively, if any represented an increased risk due to delays in implementation.

The team performed in-depth reviews of two Category "1" root cause analyses for fire protection program issues to assess the licensee's identification of causes for the program deficiencies and proposed corrective actions. One of the evaluations addressed fire brigade performance issues that resulted in a drill failure on September 13, 2005. The other evaluation addressed an adverse trend in resolving fire protection equipment and performance issues identified by Q&PA assessment activities in 2005. The latter evaluation addressed multiple fire protection program issues including: equipment issues and maintenance backlogs; failure to meet administrative requirements; fire penetration issues; surveillance and preventive maintenance procedure problems; and lack of recognition of the aggregate consequences of degraded fire protection features.

b. Findings and Assessments

No findings of significance were identified.

The team concluded that Constellation prioritized CRs based on the safety significance of the issue. Operability determinations and reportability assessments were made promptly when issues were entered into the CAP. In screening the CRs, managers considered the potential for repetitive issues, adverse trends and generic implications. Significant conditions adverse to quality were classified as Category "1" and received a formal root cause analysis and an EOC review. All Category "2" CRs received a cause evaluation, and the most probable cause was identified for many Category "3" CRs. Category "4" CRs were written for tracking and trending purposes. The majority (>99%) of the CRs written were for less significant Category "2," "3," and "4" issues. Evaluations were generally completed in a timely manner, particularly after the CAP process was revised to establish a standard 30 day deadline for all CR evaluations.

Clear guidance has been developed for performing cause evaluations, and multi-level review of completed evaluations has resulted in generally high quality evaluations with

proposed corrective actions that addressed the identified causes. However, the team identified that the evaluation of a fire brigade drill failure in June 2005 didn't address that previous corrective actions were incomplete or ineffective. Consequently an opportunity was missed to identify problems that contributed to the drill failure in September 2005. Specifically, in response to a fire brigade drill failure in June 2005, Q&PA identified that corrective actions for previous drill failures in 2004 (CRs 2004-2463 and 2004-2628) were either ineffective or had not yet been completed (CR 2005-2505). Nonetheless, the evaluation for CR 2005-2505 did not address the failure to complete the corrective actions for the previous drill failures. As a result, the identified causes did not address the performance issues that led to the recurrent failures of the brigade crew and the corrective actions were narrowly focused on the drill evaluation process.

The team determined that the recently completed root cause analyses for the fire protection issues were thorough, and independent inspector observations validated most of the identified causes. In general, the proposed corrective actions appeared to address the identified problems. However, the team noted that the proposed corrective action to develop a methodology to assess the aggregate significance of fire protection issues did not clearly include consideration of fire protection issues other than system and equipment problems. (The licensee entered this into the CAP in CR 2005-4435.) The team also observed that, although corrective actions were proposed to increase the effectiveness of the fire protection high impact team (HIT) by ensuring attendance of key stakeholders and senior management, the fire protection department was not represented and a General Supervisor did not attend the HIT team meeting the week of October 31, 2005.

The team also noted a few cases in which previous corrective actions were not sufficiently specific to ensure their effectiveness. For example, a Change Management Plan was developed to reduce the fire protection maintenance backlog. This plan was not effective because it did not contain specific performance indicators and requirements for sufficient management oversight. Additionally, corrective actions to enforce the use of human performance error prevention tools in response to multiple scrams were not specific and, as a result, were interpreted and implemented differently between the two units. Specifically, the use of "barriers" to identify protected equipment trains during maintenance has been effective at Unit 2; however at Unit 1 additional events, such as the scram on August 18, 2005, demonstrated that this tool was not being properly utilized.

3. Effectiveness of Corrective Actions

a. Inspection Scope

The team reviewed the corrective actions associated with selected CRs to determine whether the actions addressed the identified causes of the problems. The team reviewed CRs for repetitive problems to determine whether previous corrective actions were effective. The team also reviewed the licensee's timeliness in implementing corrective actions and their effectiveness in precluding recurrence of significant conditions adverse to quality. The team reviewed the CRs associated with selected

non-cited violations and findings to determine whether Constellation properly evaluated and resolved these issues. The team also assessed the fire brigade and fire protection program issues addressed in the Category “1" CRs to determine if the issues should have been identified and addressed sooner.

b. Assessments

Overall, the team concluded that Constellation has improved the CAP to ensure that corrective actions are timely and implemented as intended. Administrative controls have been put in place to ensure corrective actions are completed as scheduled and reviews are performed to ensure the actions were implemented as intended. In most cases, the team found that corrective actions were appropriate, effective and completed in a timely manner. However, the team noted a few instances in which corrective actions were not effective in addressing conditions adverse to quality. With the exception of the finding noted below, the licensee self-identified the ineffective corrective actions.

Human performance has been a long-standing problem at Nine Mile Point, and a significant number of corrective actions have been taken to address human performance errors which led to reactor scrams or near misses. Overall performance has improved, as evidenced by the Reactor Scram Performance Indicator (PI) returning to green from white in 2003 and Unit 2 having no scrams over the plant’s latest operating cycle. However, self assessments, effectiveness reviews, and adverse trend follow up investigations for scrams and near misses at Unit 1 indicate that corrective actions have not been fully effective. For example, Unit 1 scrammed on August 18, 2005, when a vital bus was not protected during planned testing. In another case, corrective actions for an inadvertent Unit 1 Technical Specification Limiting Condition for Operation (LCO) entry on January 14, 2005, (involving reactor building ventilation and emergency diesel generators) did not prevent a subsequent unplanned Unit 1 TS LCO entry on October 13, 2005, for a similar plant configuration. In both cases, human performance error prevention tools were not utilized to alert operators of this condition.

Additionally, corrective actions for an untimely emergency action level declaration in 2004 did not prevent multiple mis-classifications or untimely declarations during subsequent emergency preparedness (EP) drills. Specifically, following an untimely EAL declaration during an actual event in January 2004, corrective actions were developed to improve training for key operators and emergency response organization members on identification of EAL entry conditions. From early 2004 to mid 2005, there were 6 additional untimely declarations or mis-classifications during evaluated training evolutions, resulting in a decline in the Emergency Preparedness Drill/Exercise PIs. This declining trend was self-identified by the licensee in July 2005 and the resulting root cause analysis identified that corrective actions had been ineffective.

Constellation also conducted in-depth effectiveness reviews for significant issues to determine if the corrective actions were effective in resolving the issue. In several cases, the licensee appropriately self-identified ineffective or improper closeout of corrective actions and reentered the issue into the CAP for further action. For example, the licensee identified, in an adverse trend report in March 2005, that the effectiveness

review for CR 2004-1160 for reactor scram issues focused more on whether corrective actions were completed than on effectiveness of the actions.

c. Findings

Introduction: The NRC identified a Green non-cited violation (NCV) of 10 CFR 50.54(a)(1) for failure to take complete and timely corrective actions for fire brigade drill failures in May 2004. These corrective actions would have addressed some of the identified causes for the drill failure in September 2005.

Description: Fire brigade performance during a drill on September 13, 2005, was evaluated as unsatisfactory due to problems with communications, command and control, and interface with offsite responders. The licensee performed a root cause analysis for the drill failure and identified that training of fire brigade members did not ensure consistent performance by all brigade members and the drill assessment process failed to identify weaknesses in the knowledge and ability of fire brigade members. The inspectors found that proposed corrective actions for previous drill failures, which would have addressed the contributing causes for the unsatisfactory brigade performance in 2005, had not been completed in a timely manner. Specifically, to address two previous fire brigade drill failures in May 2004, the licensee had proposed corrective actions to develop: 1) qualification standards for fire brigade leaders and brigade members (Action #2 of CR 2004-2463); and 2) performance based assessment tools (Action #6 of CR 2004-2463). The inspectors identified that the action to develop fire brigade qualification standards was closed in December 2004 with no action taken. The inspectors also noted that, although performance based assessment tools were developed, the action was not completed until September 16, 2005, after the drill failure on September 13, 2005.

Further, the inspectors identified that effective corrective actions had not been taken for fire brigade performance issues associated with a drill failure in 2003. Specifically, during the NRC triennial fire protection inspection in 2003, the inspectors identified that the licensee had failed to take prompt corrective actions to address fire brigade performance deficiencies which led to a fire brigade drill failure on June 18, 2003. At the time of the fire protection inspection in 2003, the licensee had failed to take timely, effective corrective actions to address problems with fire brigade familiarity with plant access and egress routes (NCV 50-410/03-07-01). During this inspection, the inspectors found that the evaluation for the drill failure in 2003 (CR 2003-2778) did not address the previous failure to take corrective actions for lack of familiarity with plant areas. The corrective actions were limited to reinforcing the existing practice for brigade assembly and eliminating the minimum brigade response time criteria. The inspectors noted that, although fire brigade members expressed continuing concerns about lack of familiarity with plant access and egress routes, plant familiarization tours were not part of the formal fire brigade continuing training program and were only conducted as time allowed (approximately once a year).

Planned corrective actions for the September 2005 fire brigade drill failure include development of objective standards for fire brigade performance and revision of the drill assessment tools to reflect those standards.

Analysis: The failure to take complete and timely corrective actions to address fire brigade performance issues was more than minor because it affected the protection against external factors attribute of the Mitigating Systems Cornerstone in that it adversely impacted manual fire suppression capability. The finding is not suitable for SDP evaluation, but has been reviewed by NRC management and is determined to be a finding of very low safety significance (Green). Although the lack of fire brigade performance standards and evaluation criteria contributed to several drill failures, fire brigade performance has been satisfactory during the majority of drills, and actions have been taken or were planned to remediate brigade leaders and members who did not perform satisfactorily. The cause of this finding was related to incomplete and untimely corrective actions; therefore, the finding is associated with the cross-cutting element of problem identification and resolution.

Enforcement: 10 CFR 50.54(a)(1) requires, in part, that the licensee implement the quality assurance program described in the Updated Safety Analysis Report (USAR). Section B.16.2.5 of Appendix B to the Nine Mile Point Unit 1 USAR requires, in part, that "conditions adverse to fire protection such as failures, malfunctions, deficiencies, deviations, and nonconformances are promptly identified, reported, and corrected." Contrary to this requirement, the licensee had not promptly corrected fire brigade training and evaluation deficiencies that impacted fire brigade performance. Because the failure to promptly correct these deficiencies is of very low safety significance and has been entered into the corrective action program (CR 2005-4482), this violation is being treated as an NCV, consistent with Section VI.A of the NRC Enforcement Policy: NCV 05000220, 410/2005007-01, Incomplete and Untimely Corrective Actions for Fire Brigade Performance Issues.

4. Assessment of Safety Conscious Work Environment

a. Inspection Scope

During the interviews with station personnel, the team assessed the safety conscious work environment at the Nine Mile Point station. Specifically, the team assessed whether people were hesitant to raise safety concerns to their management and/or the NRC. The team reviewed Constellation's Employee Concerns Program (ECP) to determine if employees were aware of the program and had used it to raise concerns. The team also discussed selected issues with the ECP manager and engineering department management to compare insights from the inspection with Constellation's reviews.

b. Findings and Assessments

No findings of significance were identified.

The inspectors determined that personnel are willing to raise issues, and the team found no direct evidence of an unacceptable work environment. All of the personnel interviewed had an adequate knowledge of the CAP and ECP. No employees indicated that they personally would not raise a concern; however, within the fire protection organization there were a number of employees who felt that others would be hesitant to raise issues. The licensee has observed similar issues and is taking actions to assess the situation and address precursors.

4OA6 Meetings, including Exit

On November 4, 2005, the team presented the inspection results to Mr. James Spina, Nine Mile Point Site Vice President, and other members of the Nine Mile Point staff, who acknowledged the findings. The inspectors confirmed that no proprietary information reviewed during the inspection was retained.

4OA7 Licensee-Identified Violations

The following violation of very low safety significance (Green) was identified by the licensee and is a violation of NRC requirements which meets the criteria of Section VI of the NRC Enforcement Policy for being dispositioned as a NCV.

- 10 CFR 50, Appendix R, Section III.I.1 requires that the fire brigade training program include classroom instruction on the type and location of fire hazards and associated types of fires that could occur in the plant, as well as the proper use of lighting. Contrary to this, the licensee's fire brigade training did not address in-plant fire hazards and locations, or the use of lighting. This was identified by the licensee and is in the CAP as CR 2005-4160. This finding is of very low safety significance because it did not result in significant fire brigade performance deficiencies.

ATTACHMENT: Supplemental Information

In addition to the documentation that the inspectors reviewed (listed in the attachment), copies of information requests given to the licensee are in ADAMS, under accession number ML053390049.

ATTACHMENT - SUPPLEMENTAL INFORMATION

KEY POINTS OF CONTACT

Licensee Personnel:

L. Backus, Training
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W. Bush, Fire Protection Program Manager
R. Corieri, System Engineer
L. Dick, Q&PA
M. Downs, Fire Protection Supervisor
S. Eckhard, Equipment Qualification Program Manager
T. Fiorenza, General Supervisor, Plant Engineering Design
C. Fisher, Maintenance Rule Coordinator
J. Gerber, Radiation Protection Manager
R. Godley, Manager, Operations
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P. Lucason, Fire Protection Engineer
D. Newman, Operations Training
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V. Patel, System Engineer
D. Pierce, Security Supervisor
G. Polinsky, Security
J. Raby, Program Manager, App. J Containment Leak Rate Testing
D. Richards, Operations Support
F. Ringwald, Operations Support
G. Stowers, Operations Performance Improvement Manager
T. Syrell, Nuclear Regulatory Matters
D. Topley, Manager, Assessment and Corrective Action
D. Vannamee, General Supervisor of Maintenance Training
P. Walsh, U2 Shift Manager

LIST OF ITEMS OPENED, CLOSED, AND DISCUSSED

Opened and Closed

05000220, 05000410/2005007-01	NCV	Incomplete and Untimely Corrective Actions for Fire Brigade Performance Issues

LIST OF DOCUMENTS REVIEWED

Procedures and Instructions:

GAI-REL-08, "System, Component and Engineering Program Health Reports," Rev. 06, dated 07/20/2005
GAI-MAI-01, "Maintenance Pre-job Preparation and Walkdowns," Rev 1, dated 10/14/2005
N1-FPM-FPM-A002, "Operability Test of Fire Detection Zones - RSSB Building," Rev 2
N1-SOP-30.1, "Loss of Power Board 11"
N1-SOP-33A.2, "Station Blackout," Rev 00
N1-SOP-20.1, "Instrument Air Failure," Rev 00
N1-OP-20, "Service, Instrument and Breathing Air System," Rev 26
N1-RSP-12Q, "Instrument Channel Calibration of High Radiation Reactor Ventilation Duct Radiation Monitors," Rev 6
N1-OP-10, "Reactor Building HVAC," Rev 18
N1-RG197-EIL, "Important design features of Reg Guide 1.97 Instrumentation," Rev 5
N2-PM-S014, "Operator Rounds," Rev 1, dated 09/04/2004
NAI-ECA-04, "Management Review Committee," Rev. 20, dated 9/09/2005
NAI-ECA-05, "DER Screening Committee," Rev. 13, dated 10/27/2004
NAI-ECA-05, "CR Screening Committee," Rev. 14, dated 9/09/2004
NAI-ECA-06, "Corrective Action Effectiveness Reviews," Rev. 2, dated 9/09/2005
NAI-ECA-10, Vol. 1 of 3, "Dispositioning Condition Reports," Rev. 3, dated 9/09/2005
NAI-ECA-17, "Corrective Action Review Board," Rev. 4, dated 9/09/2005
NAI-FPP-02, "Fire Protection Corrective Action Review Team," Rev 00
NDD-ECA, "Evaluation and Corrective Action," Rev 15, dated 9/12/2005
NDD-EQP, "Environmental Qualification Program," Rev 02, dated 10/7/2004
NEP-ECA-01, "Engineering Supporting Analysis for Operability Recommendations," Rev 8, dated 3/21/2005
NEP-EQP-01, "EQ Temperature Monitoring Program," Rev 00, dated 5/5/2004
NEP-EQP-02, "EQ Program Administration," Rev 01, dated 11/17/2004
NEP-FPP-02, "Fire Protection Self-Assessment," Rev. 4, dated 7/8/2005
NIP-ECA-01, "Corrective Action Program," Rev 38, dated 9/9/2005
NIP-ECA-02, "Root Cause Evaluations," Rev 7, dated 12/21/2004
NIP-ECA-04, "Employee Concerns Program (ECP)," Rev. 07, dated 10/07/2005
NIP-EQP-01, "Environmental Qualification Program", Rev 05, dated 10/5/2004
NIP-FPP-01, "Fire Protection Program," Rev. 15, dated 5/7/2004
NTP-TQS-402, "Nuclear Fire Protection/Appendix R Fire Brigade Training Programs," Rev. 24, dated 9/16/2005
OM.2, "Conduct of Operations," Rev 04-02
PS.1, "Operations Manual- Plant Status and Configuration Control," Rev 04-01
S-MAP-MAI-0109, "Scaffold Procedure," Rev 0

Program and System Health Reports:

AOV Program Health Reports, 2nd Quarter 2003 and 3rd Quarter 2005
AOV Component Health Reports, 4th Quarter 2003, and 1st, 2nd, 3rd Quarters 2004
NMP1 Instrument Air System Health Reports, 4th Quarter 2004 and 2nd Quarter 2005
NMP2 Instrument Air System Health Report, 2nd Quarter 2005
Relief Valves Program Health Report, dated 7/31/2005

Equipment Qualification Program Health Report, 3rd Quarter 2005
Fire Protection Program Health Report, dated 1/3/2005
Fire Protection Program Health Report, dated 6/30/2004
System Health Report: U1 and U2 Fire Protection Systems, 1st and 2nd Quarter 2005

Audits and Assessment Reports:

Nuclear Quality Assurance Surveillance Report 04-019, "Review of Control Room Deficiency Program." dated 2/10/2004
Nuclear Quality Assurance Surveillance Report 04-020, "Operations standards for longstanding Equipment Status Log (ESL) entries," dated 2/13/2004
Nuclear Quality Assurance Surveillance Report 04-026, "Review of Operability Determinations," dated 3/15/2004
Nuclear Quality Assurance Surveillance Report 04-042, "Implementation of Interim Compensatory Actions in Operability Determinations," dated 4/23/2004
Nuclear Quality Assurance Surveillance Report 04-060, "Review of a sample of Category 2 and 3 DERs closed by Operations," dated 6/7/2004
Nuclear Quality Assurance Surveillance Report 04-063, "Failure to Maintain a Locked High Radiation Area Barrier Secure," dated 6/8/2004
Nuclear Quality Assurance Surveillance Report 04-069, "Assessment of Emergency Planning Drill conducted 6/9/2004," dated 6/30/2004
Nuclear Quality Assurance Surveillance Report 04-072, "Assessment of corrective maintenance backlog reduction in the Fire Protection Program," dated 06/30/2004
Nuclear Quality Assurance Surveillance Report 03-0092-C, "Results of the annual and biennial audit of the Fire Protection Program," dated 12/02/2003
Nuclear Quality Assurance Surveillance Report 04-056, "Assessment of Cat 1 DERs," dated 5/26/2004
Nuclear Quality Assurance Surveillance Report 04-037, "Assessment of Closed Cat 1 DERs," dated 3/26/2004
Nuclear Quality Assurance Surveillance Report 04-021, "Assessment of Closed DERs," dated 3/04/2004
Nuclear Quality Assurance Surveillance Report 04-002, "Assessment of the impact of the DER backlog reduction effort on the DER initiation rate," dated 1/7/2004
Nine Mile Point Nuclear Station Quality Assurance Audit Report 02011, "Annual Fire Protection Audit," dated 11/26/2002
Nine Mile Point Nuclear Station Quality Assurance Audit Report 01005, "Fire Protection Annual/ Biennial/Triennial Audit," dated 11/14/2001
Nine Mile Point Nuclear Station Quality Assurance Audit Report 00012, "Annual Fire Protection Audit," dated 11/20/2000

Q&PA Assessment Report 04-064, "Assessment of RCS Access at NMP Unit 1," dated 06/25/2004
Q&PA Assessment Report 04-085, "Follow-up assessment regarding Unit 1 Spent Fuel Pool Tell-tale drain leaks," dated 07/19/2004
Q&PA Assessment Report 05-015, "U1RFO18 - Industrial Safety and Human Performance Focus." dated 03/26/2005
Q&PA Assessment Report 05-037, "Hot spot found on the Unit 1 Generator," dated 05/25/2005
Q&PA Assessment Report 05-063, "Assessment of NMP EQ Program", dated 9/7/2005
Q&PA Assessment Report 05-064, "INPO AFI ER.2-2, Fire Detection and Suppression

Systems," dated 9/20/05
Q&PA Assessment Report 05-032, "Assessment of the Unit 1 Fire Protection System Status," dated 4/29/2005
Q&PA Assessment Report 05-019, "Assessment of Unit 1 Fire Suppression System Impairments," dated 3/31/2005
Q&PA Assessment Report 04-125, "Fire Protection Program Health," dated 11/18/2004
Q&PA Assessment Report 04-050, "Assessment of EQ Improvement Plan," dated 5/5/2004
Q&PA Assessment 05-031, "Review of Configuration Control Issue Experienced during RFO18 and associated compensatory actions to prevent reoccurrence," dated 5/4/2005
Q&PA Assessment 05-034, "Observation of Unit 1 Control Room Activities during Control Rod Withdrawal to Criticality," dated 5/11/2005
Q&PA Assessment 05-046, "Operability Determination Control and Closure," dated 6/30/2005
Q&PA Assessment 05-057, "Design N2-5-010,"Eliminate Single Point Vulnerability for Main Steam Tunnel Cooling," dated 8/16/2005
Q&PA Assessment 05-058, "Emergency Preparedness Site Emergency Drill," dated 8/18/2005
Q&PA Assessment 05-059, "Emergency Preparedness Site Exercise," dated 8/25/2005

Nine Mile Point Quality and Performance Assessment Quarterly Report - 3rd Quarter 2005 (July 1, 2005 through September 30, 2005), dated 10/14/2005
Nine Mile Point Quality and Performance Assessment Quarterly Report - 2nd Quarter 2005 (April 1, 2005 through June 30, 2005), dated 7/21/2005
Nine Mile Point Quality and Performance Assessment Quarterly Report - 1st Quarter 2005 (January 1, 2005 through March 31, 2005), dated 5/23/2005
Nine Mile Point Quality and Performance Assessment Quarterly Report - 4th Quarter 2004 (October 1, 2004 through December 31, 2004), dated 2/15/2005
Nine Mile Point Quality and Performance Assessment Quarterly Report - 3rd Quarter 2004 (July 1, 2004 through September 30, 2004), dated 12/21/2004
Nine Mile Point Quality and Performance Assessment Audit Report 04-2Q - Quarterly Assessment (April 1, 2004 through June 30, 2004), dated 7/22/2004
Nine Mile Point Quality and Performance Assessment Audit Report 04-1Q - Quarterly Assessment (January 1, 2004 through March 31, 2004), dated 4/16/2004
Nine Mile Point Quality and Performance Assessment Audit Report 03-4Q - Quarterly Assessment (October 1, 2003 through December 31, 2003), dated ½6/2004
Nine Mile Point Quality and Performance Assessment Audit Report 03-3Q - Quarterly Assessment (July 1, 2003 through September 30, 2003), dated 10/14/2003
Nine Mile Point Quality and Performance Assessment Audit Report 03-2Q - Quarterly Assessment (April 1, 2003 through June 30, 2003), dated 7/15/2003
Nine Mile Point Quality and Performance Assessment Audit Report 03-1Q - Quarterly Assessment (January 1, 2003 through March 31, 2003), dated 4/3/2003

Report of Audit CAP-05-01-N, "Corrective Action Program," dated 2/15/2005
Report of Audit CAP-04-01-N, "Corrective Action Program," dated 9/30/2004
Report of Audit FPP-05-01-N, "Fire Protection," dated 7/15/2005
Report of Audit FPP-04-02-N, "Fire Protection," dated 1/11/2005
Report of Audit MAI-05-01-N, "Maintenance," dated 06/29/2005
Report of Audit SEC-05-02-N, "Security /Access Authorization / FFD," dated 9/08/2005
Report of Audit SEC-05-01-N, "Security / Access Authorization / FFD," dated 2/14/2005
Limited Scope Audit EQ-05-02-N, "EQ Splice/EQCAP Walkdown", dated 4/12/2005

Focused Self Assessment Report FSA-2005-93, "Problem Identification and Resolution," dated

9/30/2005
Focused Self Assessment Report FSA-2004-13, “Effectiveness of the Corrective Action Review Board (CARB),” dated 1/13/2005
Focused Self Assessment Report FSA-2003-56, “Emergency Plan Implementation-Team 3 Drill,” dated 12/18/2003
Focused Self Assessment Report FSA-2004-01, “Operations Training (Comprehensive Self Assessment),” dated 2/27/2004
Focused Self Assessment Report FSA-2004-27, “Procedure Use and Quality,” dated 12/23/2004
Focused Self Assessment Report FSA-2004-28, “Operability Determination Process,” dated 9/28/2004
Focused Self Assessment Report FSA-2004-63, “Nine Mile Point Scrams,” dated 5/18/2004
Focused Self Assessment Report FSA-2005-01, “Assessment of the Effectiveness of Assessing Scram Risk for Low Lying Plant Issues,” dated 1/17/2005
Focused Self Assessment Report FSA-2005-85, “Control Room Deficiencies,” dated 2/11/2005
Focused Self Assessment Report RPFSA-2003-001, “Radiation Protection Program Self Assessment,” dated 1/12/2004
Focused Self Assessment Report FSA 2003-04, “Maintenance Work Practices,” dated 11/12/2003
Focused Self Assessment Report FSA 2003-54, “FME Program,” dated 12/22/2003
Focused Self Assessment Report FSA 2004-17, “Maintenance AFIs,” dated 5/13/2004
Focused Self Assessment Report FSA 2004-24, “Maintenance Training,” dated 6/24/2004
Focused Self Assessment Report FSA 2004-25, “Maintenance Non-Station Personnel Oversight and Control,” dated 6/25/2004
Focused Self Assessment Report FSA 2004-50, “Security,” dated 11/22/2004
Focused Self Assessment Report FSA 2004-22, “Vital Area Keys,” dated 6/10/2004

Condition Reports (* denotes an CR generated as a result of this inspection):

1992-2232	2003-4837	2004-1305	2004-3009	2004-3757	2004-4926	2005-0155
1993-2433	2003-5066	2004-1611	2004-3153	2004-3832	2004-4952	2005-0175
1996-3462	2004-0082	2004-1893	2004-3196	2004-3920	2004-5041	2005-0176
1998-2333	2004-0087	2004-1919	2004-3253	2004-3921	2004-5134	2005-0416
2000-0705	2004-0385	2004-2064	2004-3297	2004-3992	2004-5141	2005-0437
2001-4779	2004-0387	2004-2129	2004-3305	2004-4048	2004-5238	2005-0505
2001-5013	2004-0517	2004-2214	2004-3342	2004-4165	2004-5287	2005-0539
2001-5017	2004-0539	2004-2239	2004-3347	2004-4290	2004-5312	2005-0540
2002-4402	2004-0678	2004-2463	2004-3379	2004-4385	2004-5394	2005-0542
2002-4470	2004-0720	2004-2503	2004-3385	2004-4389	2004-5400	2005-0543
2003-0296	2004-0730	2004-2628	2004-3386	2004-4405	2004-5467	2005-0555
2003-1499	2004-0739	2004-2694	2004-3424	2004-4431	2004-5551	2005-0715
2003-2239	2004-0884	2004-2708	2004-3444	2004-4448	2004-5692	2005-0811
2003-2708	2004-0992	2004-2709	2004-3512	2004-4451	2004-5760	2005-0898
2003-2778	2004-1031	2004-2720	2004-3680	2004-4471	2004-5800	2005-0980
2003-4113	2004-1050	2004-2726	2004-3684	2004-4488	2005-0008	2005-0986
2003-4203	2004-1122	2004-2753	2004-3686	2004-4513	2005-0026	2005-1132
2003-4215	2004-1151	2004-2775	2004-3690	2004-4589	2005-0039	2005-1135
2003-4370	2004-1160	2004-2803	2004-3692	2004-4707	2005-0040	2005-1156
2003-4722	2004-1184	2004-2890	2004-3705	2004-4805	2005-0090	2005-1231
2003-4761	2004-1193	2004-2961	2004-3752	2004-4826	2005-0119	2005-1305

2005-1350	2005-1922	2005-2505	2005-2981	2005-3403	2005-3892	2005-4160
2005-1359	2005-1941	2005-2541	2005-3118	2005-3407	2005-3893	2005-4167
2005-1381	2005-1947	2005-2591	2005-3158	2005-3417	2005-3917	2005-4171
2005-1442	2005-1983	2005-2689	2005-3175	2005-3505	2005-3939	2005-4177*
2005-1483	2005-2019	2005-2775	2005-3188	2005-3514	2005-4003	2005-4268
2005-1504	2005-2272	2005-2799	2005-3212	2005-3534	2005-4005	2005-4365*
2005-1506	2005-2279	2005-2799	2005-3235	2005-3540	2005-4006	2005-4435*
2005-1507	2005-2319	2005-2804	2005-3269	2005-3583	2005-4014	2005-4482*
2005-1629	2005-2442	2005-2808	2005-3374	2005-3614	2005-4047	2005-4485*
2005-1643	2005-2471	2005-2816	2005-3375	2005-3677	2005-4075	2005-4489*
2005-1673	2005-2475	2005-2882	2005-3377	2005-3701	2005-4104	2005-4499*
2005-1673	2005-2500	2005-2886	2005-3399	2005-3753	2005-4125	
2005-1760	2005-2503	2005-2943	2005-3402	2005-3806	2005-4154	
2005-1837	2005-2504	2005-2958				

Non-Cited Violations and Findings Reviewed:

NCV 50-220/2003-06-01
NCV 50-220/2003-06-02
NCV 50-220/2003-07-01
NCV 50-220/2004-02-01
NCV 50-220/2004-02-02
NCV 50-220/2004-02-04
NCV 50-220/2004-03-02
NCV 50-410/2004-03-03
NCV 50-220/2004-04-01
NCV 50-220/2004-04-03
NCV 50-410/2004-04-04
NCV 50-410/2004-04-05
NCV 50-220/2004-04-06
NCV 50-410/2004-05-01
NCV 50-220&410/2004-05-02
NCV 50-410/2004-05-05
NCV 50-220/2004-07-01
NCV 50-410/2004-07-02
NCV 50-410/2005-02-02
SL IV NOV dated 8/18/05

Maintenance Work Requests (ACRs):

Unit 1: 04-01431
05-03074
05-04800

Unit 2: 02-05325
03-03889
04-05881
04-07339
04-08453

Engineering Requests:
Temporary Modification N2-01-051
Temporary Modification N2-01-060
ESR-03-5597

Miscellaneous:
Change Management Plan, "Fire Protection Corrective and Elective Maintenance Backlog Reduction," dated 5/17/2005
Control Room Operator Logs from 10/10/2005-10/14/2005
10 CFR 50.65 A(4) Risk Assessment data for 10/10/2005-10/14/2005
NMP Performance Improvement Plan Performance Measure Summary - August 2005
NMP Performance Improvement Plan Performance Measure Summary - September 2005
Nine Mile Point Performance Indicators and Measures Summary for Operations for August 2005 and September 2005
Trending data, spreadsheets, and graphs for Operations Performance Indicators
Nine Mile Point Operations Department Scorecard statistical reports for 7/1/2005 - 9/30/2005
Nine Mile Point Unit 2 Site Exercise Report for 8/16/2005, Rev 1
Nine Mile Point Unit 2 Site Drill Reports for 8/6/2005, 6/23/2005, 6/9/2004, and 12/11/2003
Nine Mile Point ERO Notification Drill Reports for 9/27/2005, 3/3/2005, 10/28/2004, 9/29/2004, 6/29/2004, and 3/9/2004
DER/ACR/WO NO: 2ICS*V157 / DER 2004-2129 Operability Determination, Rev 2, 09/02/2004
Unit 2 Integrated Scoping Matrix - Maintenance Rule
Maintenance Rule Category (a)(1) SSC Matrix, 10/19/2005
NMP Memo 22542 of 3/19/1987, Detection Panel Trouble Indications
Fire Protection Surveillance Comparisons - USAR/Code/Procedure Matrix for Unit 1 and Unit 2

LIST OF ACRONYMS

CAP	Corrective Action Program
CR	Condition Report
ECP	Employee Concerns Program
EOC	Extent-of-Condition
HRA	High Radiation Area
LCO	Limiting Condition for Operation
NCV	Non-Cited Violation
NMP	Nine Mile Point
NRC	Nuclear Regulatory Commission
PI	Performance Indicator
PI&R	Problem Identification and Resolution
QA	Quality Assurance
Q&PA	Quality and Performance Assessment
SDP	Significance Determination Process
SSC	Structure, System, Component
USAR	Updated Safety Analysis Report