

DEFENSE NUCLEAR FACILITIES SAFETY BOARD

August 3, 2007

MEMORANDUM FOR: J. Kent Fortenberry, Technical Director
FROM: J. S. Contardi/M.T. Sautman, SRS Site Representatives
SUBJECT: SRS Report for Week Ending August 3, 2007

F-Canyon: A drum of transuranic (TRU) waste was repackaged without the crew ever realizing they had exceeded the 100 plutonium equivalent curie (PEC) repackaging enclosure inventory Technical Safety Requirement. Although the first operator wrote down the correct total inventory, 114 PEC, both he and the first line manager acting as second person verifier (SPV) initialed that the inventory was less than 100 PEC. They did not notice it either when they subtracted the inventory later when the drum was removed. This event is similar to one in June where a drum was shipped whose listed inventory caused both the individual drum and total shipment PEC to be exceeded despite multiple approvals and an independent verification. (Site Rep weekly 6/15/07) Although this facility is having problems complying with current PEC limits (even with verifiers), they are seeking authorization to raise the TRU repackaging enclosure limit to 2000 PEC.

Operations: An independent assessment of H-Canyon/HB-Line, tritium, and K-Area operations (Site Rep weekly 7/6/07) concluded that standards of performance were generally acceptable. However, the team believed that: 1) repeat occurrences were the result of not critically analyzing events, 2) periodic recharging is needed to avoid complacency, and 3) management oversight and control of work needed improvement.

H Canyon: Processing pre-operational checklists were completed and operations began to resume. The Site Rep observed shift turnovers, pre-job briefs, control room operations, the inspection of a dissolver insert (to be used for the upcoming plutonium beryllium campaign), and a post-job review. Many of the days' priority evolutions progressed slowly due to the need to repeatedly revise procedures, get approvals, or because key staff were not available. The senior supervisory watches (SSW) have identified a number of issues that are being tracked.

HB-Line: Facility personnel entered the second week of deliberate operations. The Site Rep observed shift turnover as well as SSW for a TRU waste assay evolution. The pre-job brief for the observed work was adequate, but the job was suspended when the procedure could not be performed as written. Observed SSW coaching and mentoring were appropriate and did not bias the decision to suspend the procedure. A contractor walkdown found exit signs covered with duct tape, the flashing light on radiological equipment partially taped over, and cloth stuffed into a public announcement speaker.

Tritium Extraction Facility: While reviewing a procedure for performing surveillances for tritium air monitors (TAM), the contractor discovered that one of the surveillance sheets was blank. Subsequent investigation determined that the surveillance had not been completed and at the time of discovery was beyond the surveillance period delineated in the Technical Safety Requirements. Since the Limiting Condition for Operation was not entered within the required time frame, the event represents a TSR violation. All other TAM surveillances were properly performed including those that provide alternative monitoring for the affected TAM.