

CONTROL AREA ACTIVITIES

1.0 Objective

The objective of this surveillance is to verify that standards for the professional conduct of operations personnel are established and followed so that operator performance meets the expectations of DOE and facility management. This surveillance provides a basis for evaluating watchstanding practices of operations personnel in the control area.

2.0 References

- 2.1 DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*
- 2.2 DOE-STD-1041-93, *Guide to Good Practices for Shift Routines and Operating Practices*
- 2.3 DOE-STD-1042-93, *Guide to Good Practices for Control Area Activities*
- 2.4 INPO 85-017 Rev 2, *Guidelines for the Conduct of Operations at Nuclear Power Stations*
- 2.5 INPO 84-021 Rev 1, *Good Practice, Conduct of Operations*
- 2.6 INPO 84-030 Rev 2, *Good Practice, Generic Round Sheets and Shift Operating Practices*
- 2.7 *Performance Objectives and Criteria for Technical Safety Appraisals*, June 1990

3.0 Surveillance Activities

During this surveillance, the Facility Representative or Environmental, Safety, and Health Support Specialist observes control area activities. In conducting this surveillance, the Facility Representative or Environmental, Safety, and Health Support Specialist observes control area activities, reviews operations logs, and interviews operations personnel. The Facility Representative or Environmental, Safety, and Health Support Specialist may choose to conduct this surveillance in conjunction with OPS 9.2, Shift Routines and Operating Practices, which evaluates similar operations activities external to the control area.

CAUTION

Facility Representatives and Environmental, Safety, and Health Support Specialists should avoid interrupting operators in their work. The Facility Representative or Environmental, Safety, and Health Support Specialist should wait for opportune times to transact business with facility operators. If the Facility Representative or Environmental, Safety, and Health Support Specialist is observing operations or activities, the observation should be performed unobtrusively.

**Surveillance Guideline
 CONTROL AREA ACTIVITIES**

Surveillance No.: _____

Facility: _____

Date Completed: _____

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
1.	Are required staffing levels established and maintained?	_____	_____	_____
2.	Are activities in the control area conducted in a businesslike and professional manner?	_____	_____	_____
3.	Is the control area clearly defined by floor markings, partitions, or other means?	_____	_____	_____
4.	Is access to the control area limited to appropriate personnel?	_____	_____	_____
5.	Are only activities essential to supporting operation and activities authorized by management conducted in the control area?	_____	_____	_____
6.	Is the number of concurrent evolutions that affect control panel indications limited so that the operator's ability to detect and respond to abnormal conditions is not compromised?	_____	_____	_____
7.	Is the administrative work load of operators responsible for monitoring the control board minimized?	_____	_____	_____
8.	Do only qualified personnel or trainees under the direct supervision of qualified personnel operate equipment?	_____	_____	_____
9.	Are control area consoles, instrument panels, and computer consoles uncluttered and instrumentation and control devices not obscured by equipment tags or other paraphernalia?	_____	_____	_____
10.	Are computer and automated monitoring and control systems monitored for proper operation?	_____	_____	_____

Surveillance Guideline
CONTROL AREA ACTIVITIES

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
11. Is the control area free of distractions such as radios and non-work-related reading materials?	_____	_____	_____
12. Are control area logs and status boards current and do they reflect current facility status?	_____	_____	_____
13. Are operators aware of and attentive to alarms and other abnormal conditions?	_____	_____	_____
14. Are operators and supervisors aware of current plant conditions and of work and tests in progress?	_____	_____	_____
15. Are operators and supervisors notified promptly of all changes affecting systems or components under their cognizance?	_____	_____	_____
16. Do facility personnel receive all pertinent information at shift turnover, including the operating status of facility systems and equipment, maintenance and operations in progress or planned, and abnormal conditions?	_____	_____	_____
17. Do operators identify equipment parameters or instrument readings that are outside specified tolerances and equipment deficiencies, document those deficiencies, and report them to the appropriate supervisor?	_____	_____	_____
18. Are logs reviewed by supervisory personnel each shift?	_____	_____	_____
19. Do supervisors and managers monitor operations to identify and correct problems and to ensure adherence to site and facility policies and procedures?	_____	_____	_____
20. Are operators attentive and responsive to facility and equipment parameters and conditions?	_____	_____	_____
21. Do operators believe and respond to abnormal plant indications and can they adequately discuss proper responses to such indications?	_____	_____	_____

Surveillance Guideline
CONTROL AREA ACTIVITIES (cont.)

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

Surveillance Guideline
CONTROL AREA ACTIVITIES (cont.)

**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Surveillance Guideline
CONTROL AREA ACTIVITIES (cont.)

OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Surveillance Guideline
CONTROL AREA ACTIVITIES (cont.)

FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Surveillance Guideline
CONTROL AREA ACTIVITIES (cont.)

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist