Indian Point 2

Corrective Action Group

2001 Business Plan

Plan Manager: Patrick Russell

Submitted: Patrick D Russell Date: 1/4/01

Sr. Management Sponsor: Robert Masse

Approved: K E Masse Date: 1/4/01

Corrective Action Group
2001 Business Plan Summary

***OVERVIEW*:**

Ownership and execution of the Corrective Action Program must be improved to support station operations and maintenance. Previous actions taken to address Indian Point Program for Excellence (IPPE), Section 5, QA, Self Assessment and Corrective Action Program, have not been fully effective. Conditions adverse to quality must be prevented where appropriate, identified when they occur, and corrected when identified. The problem statements describe the primary issues facing Indian Point 2 (IP2) personnel in achieving an active and effective condition resolution culture. This Corrective Action Program Business plan delineates the actions needed to address these problem statements.

PROBLEM STATEMENTS:

- Trending, performance indicators, and reporting processes do not highlight significant issues, degrading conditions or precursors to events.
- Proper level of management support and understanding has not been provided for the Corrective Action Program and has resulted in increased backlogs, untimely investigation completion, and actions that do not always prevent or mitigate event recurrence
- Operating experience program is not fully effective
- Human Performance Program is not fully effective

***GOALS*:**

The objective of this Business plan is to provide continuous improvement in the implementation of the Corrective Action Program at Indian Point 2 by:

- Affirming and continually reinforcing ownership of the corrective action program by all Indian Point 2 employees and contractors through frequent communications, management interaction, and strong oversight by the Corrective Action Review Board (CARB), Station Nuclear Safety Committee (SNSC), Quality Assurance (QA) and the Nuclear Facilities Safety Committee (NFSC).
- Familiarize IP 2 personnel with the corrective actions process changes, management expectations for condition reporting, management support for effective problem resolution and the need and process for providing feedback concerning corrective action programmatic issues and observations.
- Conducting training and mentoring of key personnel and groups, including the Corrective Action Group (CAG), and the Corrective Action Review Board (CARB), to review the adequacy of condition report resolutions.
- Training effective root cause investigators to address Significant Conditions Adverse to Quality (SL-1/SL-2) to established standards for quality and effectiveness.
- Training, mentoring, and supporting personnel in the investigation of Conditions Adverse to Quality (SL-3/SL- to reach credible solutions appropriate to the significance for the reported condition.
- Displaying performance indicators and managing performance to decrease and avoid large backlogs and to develop precursor baseline information for the identification of developing or potential programmatic degradation.
- Developing a long range schedule of coordinated self evaluations, peer evaluations, and Quality Assurance surveillance's to assess the adequacy of the corrective action process, it's implementation at all levels, and potential areas for improvement.
    a) Establishing a comprehensive trending and performance indicator program that provides insight into declining performance and provides the precursors before Significant Conditions Adverse to Quality occur.

***EXPECTED RESULTS*:**

- Personnel in all levels of the IP 2 organization report conditions when conditions or situations are observed which do not meet individual expectations for the conduct of activities and operations at a nuclear power plant. Reporting of conditions is encouraged, self-identified where possible and solicited across organizational lines.
- Condition Report investigation and root cause analyses are completed on time and to the correct level of detail, significant similar and common conditions are identified, and recommended corrective actions are appropriate to resolve the condition and prevent or significantly reduce the probability of recurrence.
- Management involvement in the screening, resolution, and approval of condition reports is proactive with a high level of integrity. Management expectations for accuracy, completeness, and timeliness are known throughout IP 2.
- Backlogs are reduced. Conditions receive appropriate interim compensatory measures.
- Conditions are trended to identify repetitive situations, precursors to human, programmatic, or organizational failures, and other conclusions that can provide insight to the corrective action process. Trends are identified to management and addressed.
- Self assessments, peer evaluations, employee feedback, and Performance Assurance audits are consciously scheduled and supported to identify areas of improvement and to reinforce areas of superior performance.
- Confidence is developed within Quality Assurance, the NFSC, regulators, and the IP 2 population that conditions adverse to quality at Indian Point 2 are prevented where reasonable, identified when observed, and corrected once identified.
- Industry and In House Operating Experience is used to enhance the performance of the station and it's processes.
- Improvements in Human Performance are indicated by a decrease in the number of significant human related events and an increased willingness to report lower level human performance events.

CORRECTIVE ACTION GROUP
ACCELERATED IMPROVEMENT PLAN

Title: Corrective Action System Software Improvement

Description: Upgrade the CRS Software to increase the flexibility and efficiency of the system

Justification:

- The current CRS does not support efficient and effective management of issues documented within the system
- CRS currently does not support effective trending as required by INPO
- The CRS does not flow logically from screen to screen, contributing to frustration and the misperception that the station Corrective Action program is not effective

Environmental, Health, & Safety Impact: None

Action Plan Reference: CAP/PS 1, 3, 4, 5 & 6

FUNDING ($000)

Departments		Actual to Date	2001	2002	2003	2004	Total
Corrective Action	Hum Res O&M Capital XM						
	Hum Res O&M Capital XM						
	Hum Res O&M Capital XM						
	Hum Res O&M Capital XM						
PROJECT TOTAL	Hum Res O&M Capital XM		300				300

Proposed By: Bruce C. MacKenzie	**Date:** 7/19/00
Dept. Manager Approval: Pat Russell	**Date:**
2001 Budget Approval By:	**Date:**

Date: 01/12/01
Time: 2:19 PM

Senior Management Sponsor: R. Masse

Introduction

An effective and flexible Corrective Action Program is essential for the continued safe operation of Indian Point 2. Previous actions taken to address Indian Point Program for Excellence (IPPE), Section 5, QA, Self Assessment and Corrective Action Program, have not been fully effective. Identification of Conditions Adverse to Quality and Significant Conditions Adverse to Quality is imperative and timely effective corrective actions implemented when identified. The problem statements describe the primary issues facing Indian Point 2 (IP2) personnel in achieving an active and effective condition resolution culture. This Corrective Action Program Business plan delineates the actions needed to address these problem statements.

Problem Statements

1) Trending, performance indicators, and reporting processes do not highlight significant issues, degrading conditions or precursors to events.
2) Proper level of management support and understanding has not been provided for the Corrective Action Program and has resulted in increased backlogs, untimely investigation completion, and actions that do not always prevent or mitigate event recurrence
3) Operating experience program is not fully effective
4) Human Performance Program is not fully effective

Objectives

The objective of this Business plan is to provide continuous improvement in the implementation of the Corrective Action Program at Indian Point 2 by:

1) Affirming and continually reinforcing ownership of the corrective action program by all Indian Point 2 employees and contractors through frequent communications, management interaction, and strong oversight by the Corrective Action Review Board (CARB), Station Nuclear Safety Committee (SNSC), Quality Assurance (QA) and the Nuclear Facilities Safety Committee (NFSC).
2) Continuing to familiarize IP 2 personnel with the corrective actions process changes, management expectations for condition reporting, management support for effective problem resolution and the need and process for providing feedback concerning corrective action programmatic issues and observations.
3) Conducting training and mentoring of key personnel and groups, including the Corrective Action Group (CAG), and the Corrective Action Review Board (CARB), to review the adequacy of condition report resolutions.
4) Training effective root cause investigators to address Significant Conditions Adverse to Quality (SL-1/SL-2) to established standards for quality and effectiveness.
5) Training, mentoring, and supporting personnel in the investigation of Conditions Adverse to Quality (SL-3/SL-4) to reach credible solutions appropriate to the significance for the reported condition.
6) Displaying performance indicators and managing performance to decrease and avoid large backlogs and to develop precursor baseline information for the identification of developing or potential programmatic degradation.

7) Developing a long range schedule of coordinated self evaluations, peer evaluations, and Quality Assurance surveillance's to assess the adequacy of the corrective action process, it's implementation at all levels, and potential areas for improvement.
8) Establishing a comprehensive trending and performance indicator program that provides insight into declining performance and provides the precursors before Significant Conditions Adverse to Quality occur.
9) Establishing a strong Human Performance Improvement program to decrease the number of significant Human Performance related events and educate Site supervision and management in the fundamentals of error reduction and Human Performance Improvement.
10) Establishing an effective Operating Experience Program that will provide timely information to the end user for process improvements and event avoidance.

Expected Results

1) Personnel in all levels of the IP 2 organization report conditions when conditions or situations are observed which do not meet individual expectations for the conduct of activities and operations at a nuclear power plant. Reporting of conditions is encouraged, self-identified where possible and solicited across organizational lines.
2) Condition Report investigation and root cause analyses are completed on time and to the correct level of detail, significant similar and common conditions are identified, and recommended corrective actions are appropriate to resolve the condition and prevent or significantly reduce the probability of recurrence.
3) Management involvement in the screening, resolution, and approval of condition reports is proactive with a high level of integrity. Management expectations for accuracy, completeness, timeliness are known throughout IP 2.
4) Backlogs are reduced. Conditions receive appropriate interim compensatory measures.
5) Conditions are trended to identify repetitive situations, precursors to human, programmatic, or organizational failures, and other conclusions that can provide insight to the corrective action process. Trends are identified to management and addressed.
6) Self assessments, peer evaluations, employee feedback, and Performance Assurance audits are consciously scheduled and supported to identify areas of improvement and to reinforce areas of superior performance.
7) Confidence is developed within Quality Assurance, the NFSC, regulators, and the IP 2 population that conditions adverse to quality at Indian Point 2 are prevented where reasonable, identified when observed, and corrected once identified.
8) Industry and In House Operating Experience is used to enhance the performance of the station and it's processes.
9) Improvements in Human Performance are indicated by a decrease in the number of significant Human Performance related events and an increased willingness to report lower level Human Performance related events.

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

CORRECTIVE ACTION GROUP
2001 Business Plan

Problem Statement 1 **Owner: R. Masse**

Condition Report timeliness and contents are inconsistent.

Contributing Factors

- Lack of management involvement in communicating the importance of the Corrective Action program.
- Policies, program definition, and procedures are not clear and concise.
- Corrective action process training and individual understanding was inadequate.
- Broad ramification including extent of condition, generic implications, and transportability (applicability to other program and process) are not identified in Conditions Reports.

Source Documents

- Indian Point Program for Excellence, Revision 0, dated 11/17/98
- NRC TEAM INSPECTION REPORT 50-247/98-18 dated January 29,1999
- Martin/Sigmond Operations Assessment Report, dated March 1999
- Martin/Sigmond Maintenance Assessment Report, dated August 1999
- NRC Plant Performance Review for Indian Point 2, dated September 30, 1999
- NRC Plant Performance Review for Indian Point 2, April 9, 1999
- IP 2 QA Audit Report No. 99-09-C, Corrective Action – First Half 1999, dated September 15, 1999
- CRs 199906643 and 199906868, August 1999 Reactor Trip Event and Subsequent Recovery Plans

Actions	Owner	Status
a. Process and Organizational Actions		
***1. As part of the self-assessment, [See PS 7] perform interviews with site personnel to determine the level of management involvement in communicating the importance of the Corrective Action Program.	Russell	
***2. Obtain results from the assessment and develop appropriate action plans to increase the level of management involvement and ownership of the Corrective Action Program.	Russell	
3. Assess process for re-screening/upgrading CR Significance level when additional information is added.	Hinrichs	
b. Procedure Changes		
1. Revise SAO-112 to streamline the Corrective Action process and improve ownership.	MacKenzie	
2. Continue to develop Corrective Action Group implementing procedures.	Hinrichs	
c. Training		

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

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Actions	Owner	Status
***1. Continue to provide first line supervisor training and reinforcement strategy for CR initiation.	Pavlinik	

d. Management Expectations and Communications

1. Corrective Action Review Board continue to provide feedback on SL-1s to Condition Report owners and investigators to reinforce management expectations.	CARB	
2. Periodically produce (at least monthly) a Corrective Action Program newsletter for significant internal experience and external operating experience.	Russell	
3. Assess CR initiation and timeliness of resolution.	NQA	

Performance Indicators

• Numbers of condition reports /yr.	Tumicki	
• Department self-identification ratio site wide	Tumicki	
• Soon to be overdue evaluations and ICAs	Tumicki	
• % of condition reports classified as needing a root cause analysis	Tumicki	
• % of condition reports classified as needing an apparent cause analysis	Tumicki	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

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Problem Statement 2 **Owner: R. Masse**

Condition Report resolutions and root cause analyses are not timely and sometimes fail to identify and correct root causes.

Contributing Factors

- Root cause investigations do not always determine the root cause of the problem and other associated causes.
- Inadequate guidance led to ineffective performance of common cause analyses, trend analyses, or collective significance analysis.
- Ineffective implementation causes omission of important attributes including items such as important safety significance, interim compensatory actions, impacts on risk and design basis event response, nature of barriers, error reduction, alternative causes, and other issues.

Source Documents

- Martin/Sigmond Operations Assessment Report, dated March 1999
- Martin/Sigmond Maintenance Assessment Report, dated August 1999
- IP 2 QA Audit Report No. 99-09-C, Corrective Action – First Half 1999, dated September 15, 1999
- Indian Point Program for Excellence, Revision 0, dated 11/17/98
- NRC TEAM INSPECTION REPORT 50-247/98-18 dated January 29,1999
- NRC Plant Performance Review for Indian Point 2, April 9, 1999
- NFSC Q&RA Subcommittee input.
- INPO, Principles for Effective Self-Assessment and Corrective Action Programs, dated 12/99

Actions	Owner	Status
a. Process and Organizational Actions		
1. Implement qualification requirements for certifying personnel for performing root cause investigations..	Hinrichs	
2. Ensure SAO-112 root causes identify, from a human performance standpoint, how consequences of behaviors are associated with the causes.	English	
3. Review ICAs backlog and consolidate where applicable to reduce potential for overlap.	Owners	
4. Implement management improvements for Condition Report evaluation, Root Cause Analysis, and corrective action backlogs.	Russell	
b. Procedure Changes		
1. Implement Root Cause Quality Metrics Index	Russell	
2. Revise SAO-112, as applicable, to incorporate process improvements.	MacKenzie	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

CORRECTIVE ACTION GROUP
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Actions	Owner	Status
c. Training		
1. Implement remedial basic level training for root cause investigators.	Hinrichs	
2. Conduct appropriate training to CARB/SNSC members (ie., root cause evaluations, extent of condition).	Hinrichs	
3. Establish root cause continuing training and re-certification process.	Hinrichs	
d. Management Expectations and Communications		
1. Implement grading through Quality Index Review.	Macheski	
2. Conduct a peer comparison of select completed root cause and apparent cause investigations.	Russell	
Performance Indicators		
• Open Root Cause Evaluations	Tumicki	
• Number of Root Cause Analyses	Tumicki	
• Number of Apparent Cause evaluations	Tumicki	
• Root Cause Quality	Tumicki	
• Apparent Cause evaluation Quality	Tumicki	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

CORRECTIVE ACTION GROUP
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Problem Statement 3 **Owner: P. Russell**

Corrective actions taken have not prevented event recurrence.

Contributing Factors

- Weaknesses were identified in the procedures for the effective implementation of Condition Reports corrective actions.
- Confusion was noted in CR resolutions and evaluation assignments.
- Lack of management ownership was demonstrated for prioritization and implementation of corrective actions

Source Documents

- Indian Point Program for Excellence, Revision 0, dated 11/17/98
- NRC TEAM INSPECTION REPORT 50-247/98-18 dated January 29,1999
- Martin/Sigmond Operations Assessment Report, dated March 1999
- Martin/Sigmond Maintenance Assessment Report, dated August 1999
- NRC Plant Performance Review for Indian Point 2, dated September 30, 1999
- NRC Plant Performance Review for Indian Point 2, April 9, 1999
- IP 2 QA Audit Report No. 99-09-C, Corrective Action – First Half 1999, dated September 15, 1999
- CRs 199906643 and 199906868, August 1999 Reactor Trip Event and Subsequent Recovery Plans

Actions	Owner	Status
a. Process and Organizational Actions		
1. Implement owner accountability for accurate CR closure.	All	
2. CARB monitor and review effectiveness of SL1/SL2 Condition Reports and associated corrective actions post implementation.	Russell	
3. Develop and implement a Condition Report effectiveness review process.	Russell	
b. Procedure Changes		
1. Develop a Condition Report effectiveness review procedure	Russell	
c. Training		
1. Implement appropriate Corrective Action Group personnel training.	Macheski	
2. Develop and implement Corrective Action Review Board training in accordance with training matrix for Corrective Action Review Board representatives.	Russell	

Performance Indicators

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

CORRECTIVE ACTION GROUP

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Actions	Owner	Status
• Ratio of Corrective Actions completed as scheduled	Tumicki	
• Department Corrective Action items overdue	Tumicki	
• Up coming due Implementing Corrective Actions and evaluations	Tumicki	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

CORRECTIVE ACTION GROUP
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Problem Statement 4 **Owner: B. MacKenzie**

Trending and reporting processes do not highlight significant issues, degrading conditions and precursors to events.

Contributing Factors

- Trending and reporting is awkward and labor-intensive.
- Heavy personal communications and checking compensates for cumbersome and inefficient information management technology.
- Available trending and reporting information is not being effectively used.

Source Documents

- Indian Point Program for Excellence, Revision 0, dated 11/17/98
- NRC TEAM INSPECTION REPORT 50-247/98-18 dated January 29,1999
- Martin/Sigmond Operations Assessment Report, dated March 1999
- Martin/Sigmond Maintenance Assessment Report, dated August 1999
- NRC Plant Performance Review for Indian Point 2, April 9, 1999
- NRC Plant Performance Review for Indian Point 2, dated September 30, 1999
- CRs 199906643 and 199906868, Reactor Trip Event and Subsequent Recovery Plans
- NRC Augmented Inspection Team – Reactor Trip with Complications – Report No. 50-24799-08, dated October 19, 1999

Actions	Owner	Status
a. Process and Organizational Actions		
1. Develop and implement improved trend-coding system.	Russell	
2. Corrective Action Group analyze data for potential adverse trends or adverse trends.	Tumicki	
3. Develop and implement Corrective Action Program trending and performance monitoring.	Russell	
b. Procedure Changes		
1. Develop desktop guide for trending methodology including routine report generation.	Tumicki	
c. Training		
1. TBD		
d. Management Expectations and Communications		
1. Trend Corrective Action Program processes for Condition Report initiation trends and issues not reported in a timely manner.	Hinrichs	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

CORRECTIVE ACTION GROUP

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Actions	**Owner**	**Status**
2. Link Corrective Action Trend Report with self-assessments to identify high problem rate areas	Macheski	
3. Define the Metric Set (monthly Report to include Dept level performance) and identify which metrics should be influenced by the implementation of the Corrective Action Program.	Tumicki	

Performance Indicators

• Event Code Trend Charts	Tumicki	
• Periodic Collective Analysis Trend Reports	Tumicki	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

Problem Statement 5 — Owner: R. Masse

Proper level of management ownership is not being provided for the Corrective Action Program.

Contributing Factors

- Feedback is not obtained to indicate the success in the identification of problems.
- Implementation of corrective actions are not timely.
- Limited understanding by managers of the resources necessary to effectively address identified problems.
- Ineffective interdepartmental cooperation/teamwork often leaves items requiring the involvement of multiple organizations open for unreasonable periods of time.
- Multiple ownership of the deficient issue causes confusion.
- The lowering of the threshold for problem identification has increased the workload.
- Management standards and expectations for an effective Corrective Action Program have not been established, communicated, nor reinforced.
- Personal ownership of the Corrective Action Program does not exist consistently at all levels of management.
- Benefits of a rigorous program are not understood or recognized by management and staff.

Source Documents

- Indian Point Program for Excellence, Revision 0, dated 11/17/98
- NRC TEAM INSPECTION REPORT 50-247/98-18 dated January 29,1999
- Martin/Sigmond Operations Assessment Report, dated March 1999
- Martin/Sigmond Maintenance Assessment Report, dated August 1999
- NRC Plant Performance Review for Indian Point 2, April 9, 1999
- NRC Plant Performance Review for Indian Point 2, dated September 30, 1999
- CR 199907676, Reactor Trip Event and Subsequent Recovery Plans
- NRC Augmented Inspection Team – Reactor Trip with Complications – Report No. 50-24799-08, dated October 19, 1999
- Rev 3 Recovery Plan

Actions	Owner	Status
a. Process and Organizational Actions		
1. Reinforce management expectations for resolution of Condition Reports.	Masse	
2. Require line departments to include Corrective Action Program metrics in self-assessments.	Macheski NQA	
3. Reinforce expectations for daily review of Condition Reports by plant management team.	Masse	
4. Assess Corrective Action Review Board definition and charter in SAO-112 and CAG –20.200 for discrepancies and inconsistencies.	MacKenzie	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

Actions	Owner	Status
5. Verify CARB oversight requirements are being executed.	Masse	
6. Implement Quality Assurance audit and surveillance of Corrective Action Program activities in all departments.	Morris	
7. Each Department Manager will communicate expectations for evaluating and implementing corrective actions.	Masse	
b. Procedure Changes		
1. Revise SAO-112 and CAG-20.200, as required, to incorporate changes identified in a.4. above.	MacKenzie	
c. Training		
1. Identify training plan for Corrective Action Review Board members (Root Cause Analysis, Apparent Cause evaluation, effectiveness reviews, etc.)	Russell	
2. Continue Condition Report System overview training.	Russell	
d. Management Expectations and Communications		
1. Reinforce the following: a. Expectations for evaluating and implementing corrective actions b. Department goals for measuring timeliness of completing actions	Masse	
2. Conduct self-assessment of CR program.	MacKenzie	
3. Budget and support establishment of Region I Corrective Action Program Associations.	Russell	
Performance Indicators		
• Condition Reports with subject Corrective Action Proram	Tumicki	
• Trending of Corrective Action Program related Condition Reports resulting from department self-assessments	Tumicki	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

CORRECTIVE ACTION GROUP
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Problem Statement 6 **Owner: M. Hornyak**

Operating Experience Program is not fully effective.

Contributing Factors

- Although initial screening by the OE Project Manager is timely, source documents assigned to some departments are significantly overdue on review for applicability here.
- Responses often lack specificity in descriptions of evaluations or follow-up actions completed.
- The Condition Reporting System (CRS), and the way we use it, is not well suited to the needs of tracking and evaluating events that occurred elsewhere.
- Awareness and use of communication mechanisms in addition to or instead of formal training should be enhanced as a means to disseminate OE information quickly, efficiently and appropriately.

Source Documents

- Surveillance Report 99-SR-040, "Operating Experience Review" dated 11-18-99.
- CRs 199906643 and 199906868, Reactor Trip Event and Subsequent Recovery Plans.

Actions	Owner	Status
a. Process and Organizational Actions		
1. Develop and implement a unique identifier field on CRS for OE items.	Hornyak	
2. Provide planners and system engineers access to the INPO news lists.	Hornyak	
b. Procedure Changes		
1. TBD		
c. Training		
1. Increase training for line OE evaluators or assignees on SAO-112 closeout requirements to ensure that the CRS OE evaluations are closed out properly.	Hornyak	
d. Management Expectations and Communications		
1. Develop a web site newsletter slot specifically for OE, so people can have access to this information resource.	Reynolds	
Performance Indicators		
• Number of OE Condition Reports per year	Tumicki	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

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*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

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Problem Statement 7 **Owner: C. English**

Human Performance Program is not fully effective

Contributing Factors

- Policies, program definitions, and procedures are not clean and concise.
- Human Performance process training and individual understanding is inadequate.
- Lack of management involvement in communicating the importance of the Human Performance Program.

Source Documents

- CRs 199906643 and 199906868, Reactor Trip Event and Subsequent Recovery Plans.

Actions	Owner	Status
a. Process and Organizational Actions		
1. Set schedule for seven H-P site-wide training sessions.	Russell	
2. Establish Charter for Indian Point 2 Human Performance steering committee.	English	
3. Establish Human Performance steering committee to include representatives from Operations, Training, Maintenance, Corrective Action Group, Engineering, and Security.	English	
4. Benchmark other plants (e.g. Dresden Station) for Human Performance Initiatives.	English	
5. Establish additional metrics for H-P programs.	English	
6. Establish charter for Region I Human Performance Program Association First Region I H-P Program Meeting @ Learning Center.	English	
***7. Review INPO information for ideas/methods that can be used at IP2	English	
b. Procedure Changes		
1. TBD	English	
c. Training		
***1. INPO "Excellence in Human Performance" training session.	English	
• "train the trainer"	English	
• "train the site"	English	
d. Management Expectations and Communications		
***1. Perform IP2 Self Assessment	English	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.

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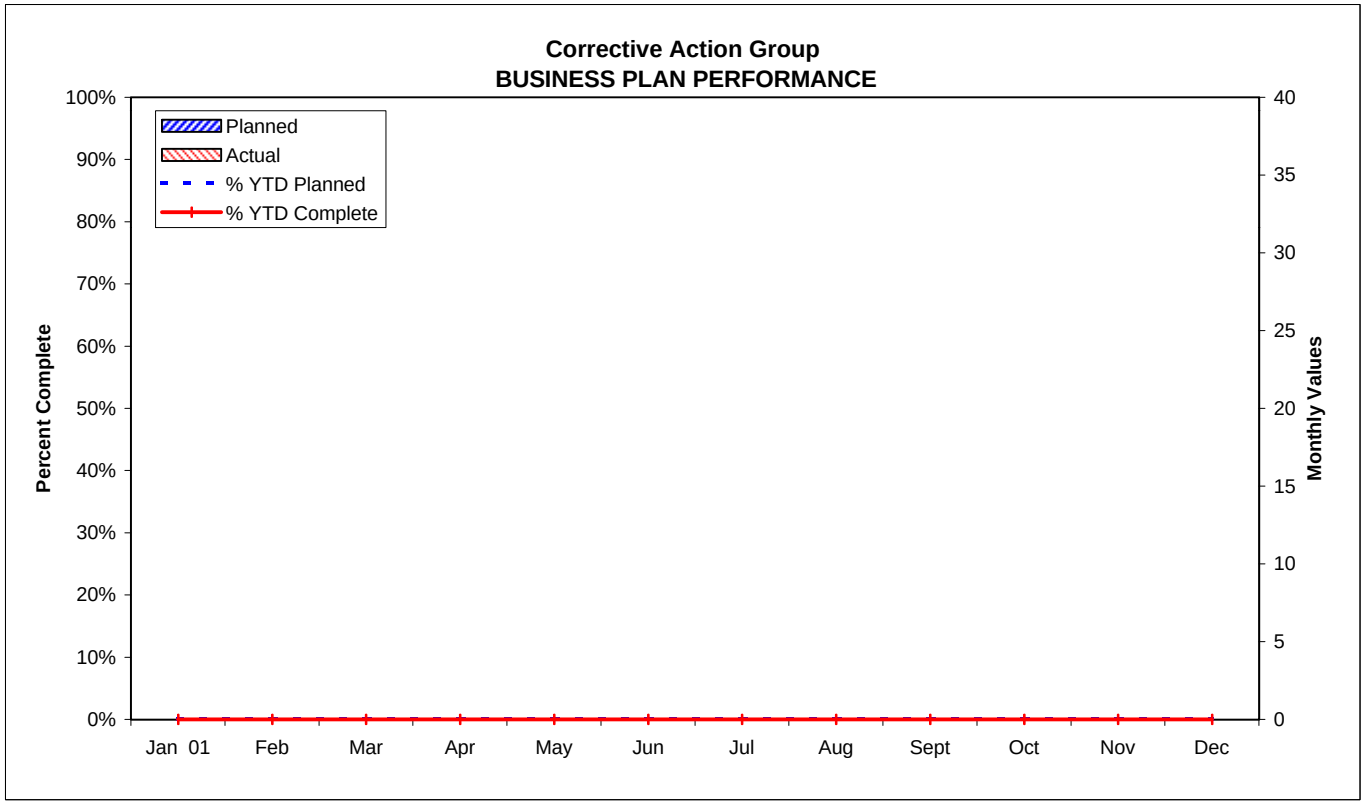
Actions	Owner	Status
Additional Performance Indicators		
***1. Create monthly error reduction metric.	English	
***2. Develop additional tools to measure error reduction effectiveness based on EPRI workshop.	English	

*** - Indicates committed action in response to NRC Integrated Inspection Report 99-011, dated March 30, 2000.



Month	Jan 01	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Planned												
Actual												
YTD Planned	0	0	0	0	0	0	0	0	0	0	0	0
YTD Actual	0	0	0	0	0	0	0	0	0	0	0	0
% YTD Planned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
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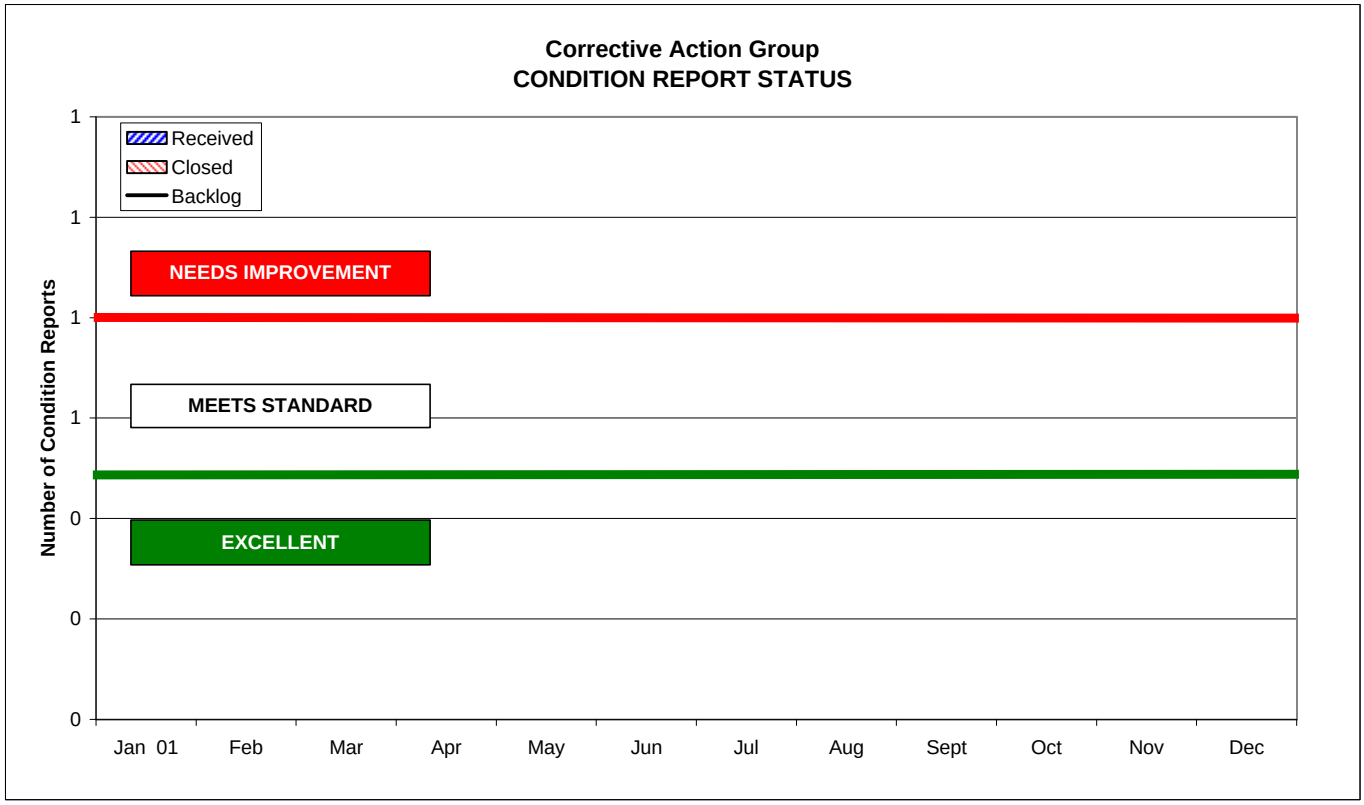
INDICATOR DESCRIPTION

This indicator presents the general performance of the department relative to its goals and objectives as specified in the business plan. Actual performance is measured by projects completed or on track or goals accomplished according to their specified schedules.

ANALYSIS

The analysis section describes the department's performance on a monthly basis, whether or not performance is on track with the business plan and if there are any specific reasons for the performance indicated. If emerging issues are of concern or if remedial measures are being taken that could affect future performance and /or indicated trends, they can be presented in this section.



Month	Jan 01	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Received												
Closed												
Backlog												

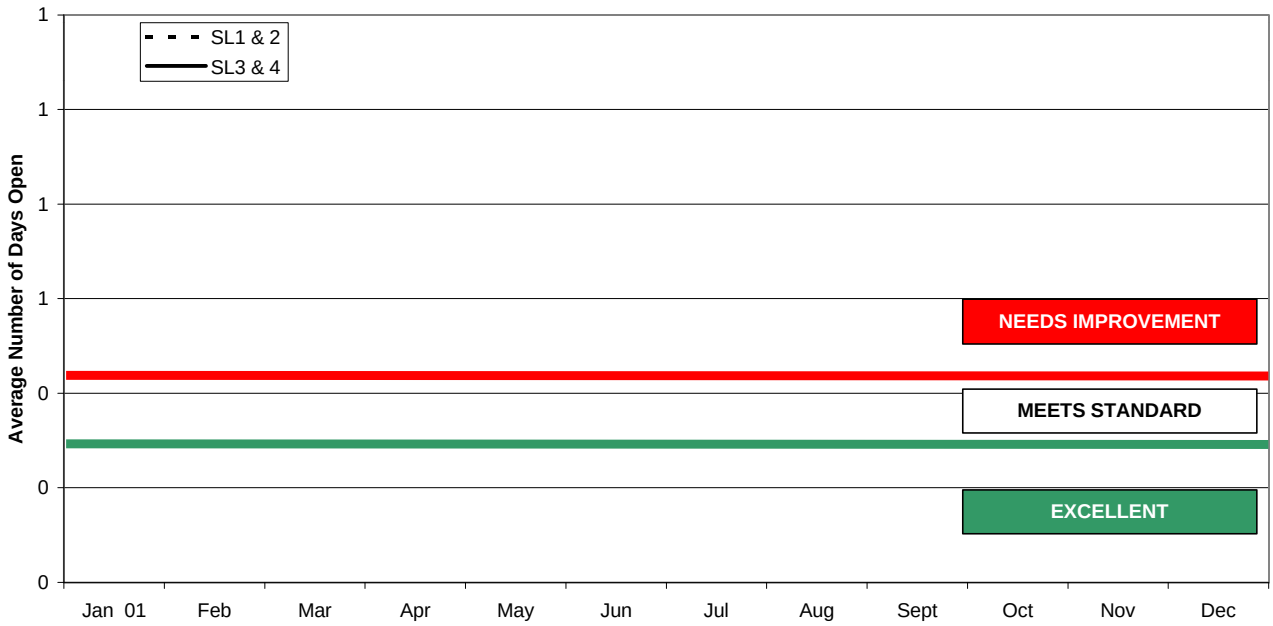
INDICATOR DESCRIPTION

This indicator measures the through-put of Condition Reports in the Corrective Action Group. The goal is to close as many Condition Reports as received with zero overdue.

ANALYSIS

Put Analysis Here

Corrective Action Group
TIMELINESS OF EVALUATIONS



Month	Jan 01	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
SL1 & 2												
SL3 & 4												

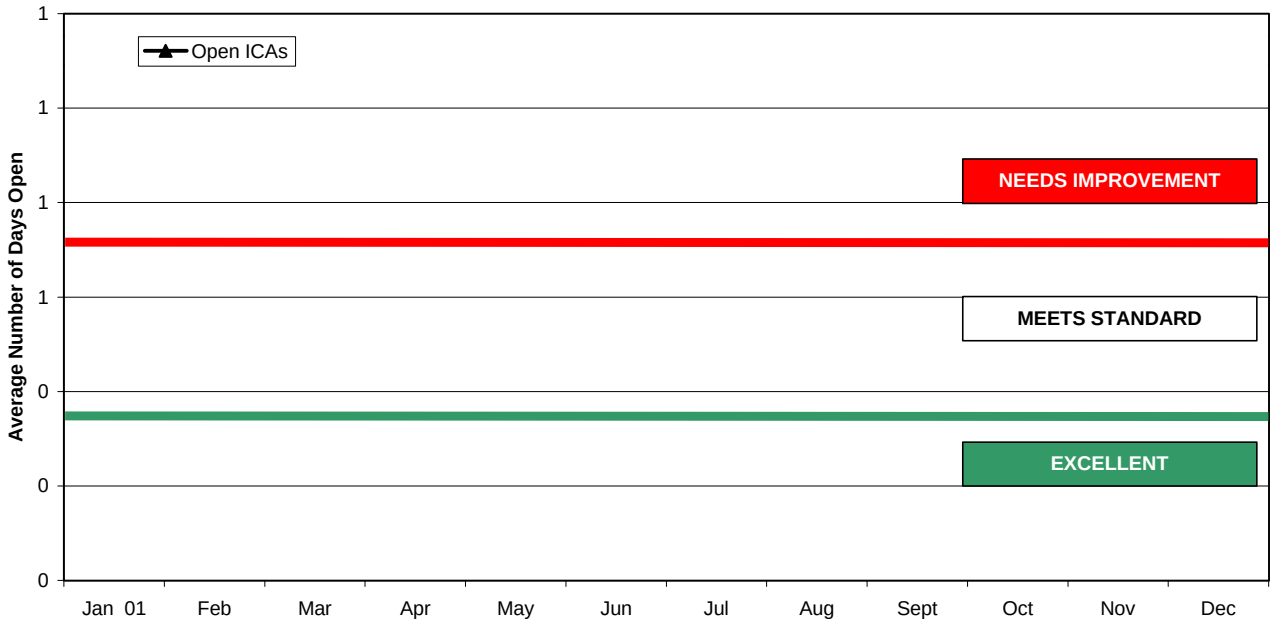
INDICATOR DESCRIPTION

This indicator measures the time required to complete investigations assigned to the Corrective Action Group. The goal is the completion of investigations in less than 30 days.

ANALYSIS

Put analysis here.

Corrective Action Group
AVERAGE AGE OF OPEN ICAs



Month	Jan 01	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Open ICAs												

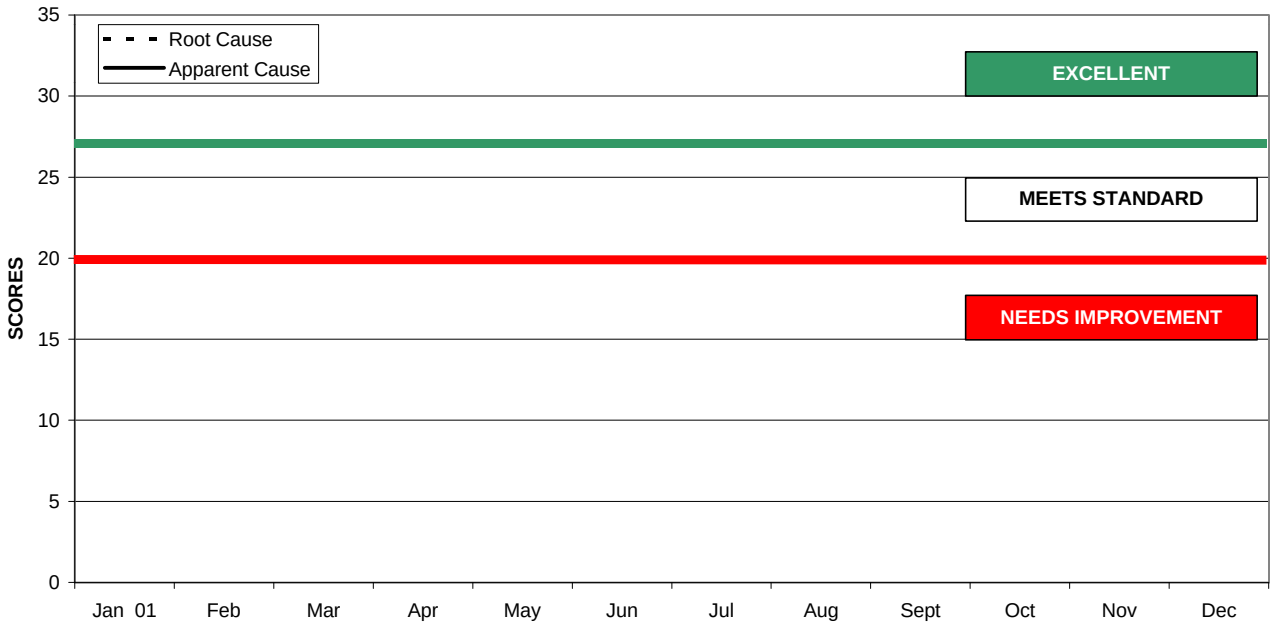
INDICATOR DESCRIPTION

This indicator measures the average age of corrective actions for the Corrective Action Group. The goal is to complete the assigned corrective actions in 120 days or less.

ANALYSIS

Put analysis here.

Corrective Action Group
QUALITY OF EVALUATIONS



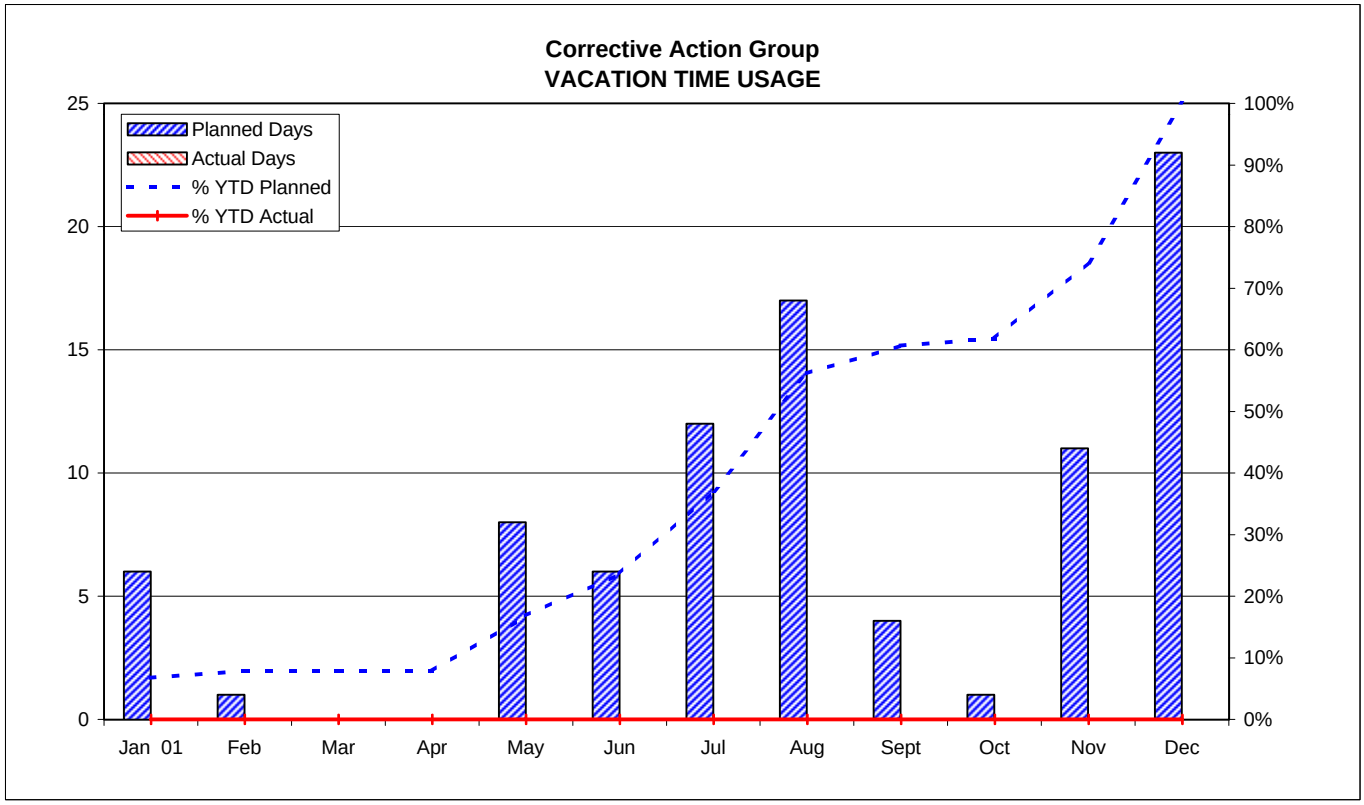
Month	Jan 01	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Root Cause												
Apparent Cause												

INDICATOR DESCRIPTION

This indicator measures the quality of investigations conducted by the Corrective Action Group. The goal is a quality score of 28 or higher of a possible 35.

ANALYSIS

Put analysis here.



Month	Jan 01	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Planned Days	6	1	0	0	8	6	12	17	4	1	11	23
Actual Days												
YTD Planned	6	7	7	7	15	21	33	50	54	55	66	89
YTD Actual	0	0	0	0	0	0	0	0	0	0	0	0
% YTD Planned	7%	8%	8%	8%	17%	24%	37%	56%	61%	62%	74%	100%
% YTD Actual	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

INDICATOR DESCRIPTION

This indicator represents the planned versus actual vacation schedule for the department. Vacation planning is performed at the beginning of the year and used for work planning and ensuring that there is sufficient staffing even during peak vacation periods. Actual usage of vacation time may vary depending upon personal circumstances.

ANALYSIS

The analysis section describes the department's performance on a monthly basis, whether or not performance is on track with the business plan and if there are any specific reasons for the performance indicated. If emerging issues are of concern or if remedial measures are being taken that could affect future performance and /or indicated trends, they can be presented in this section.

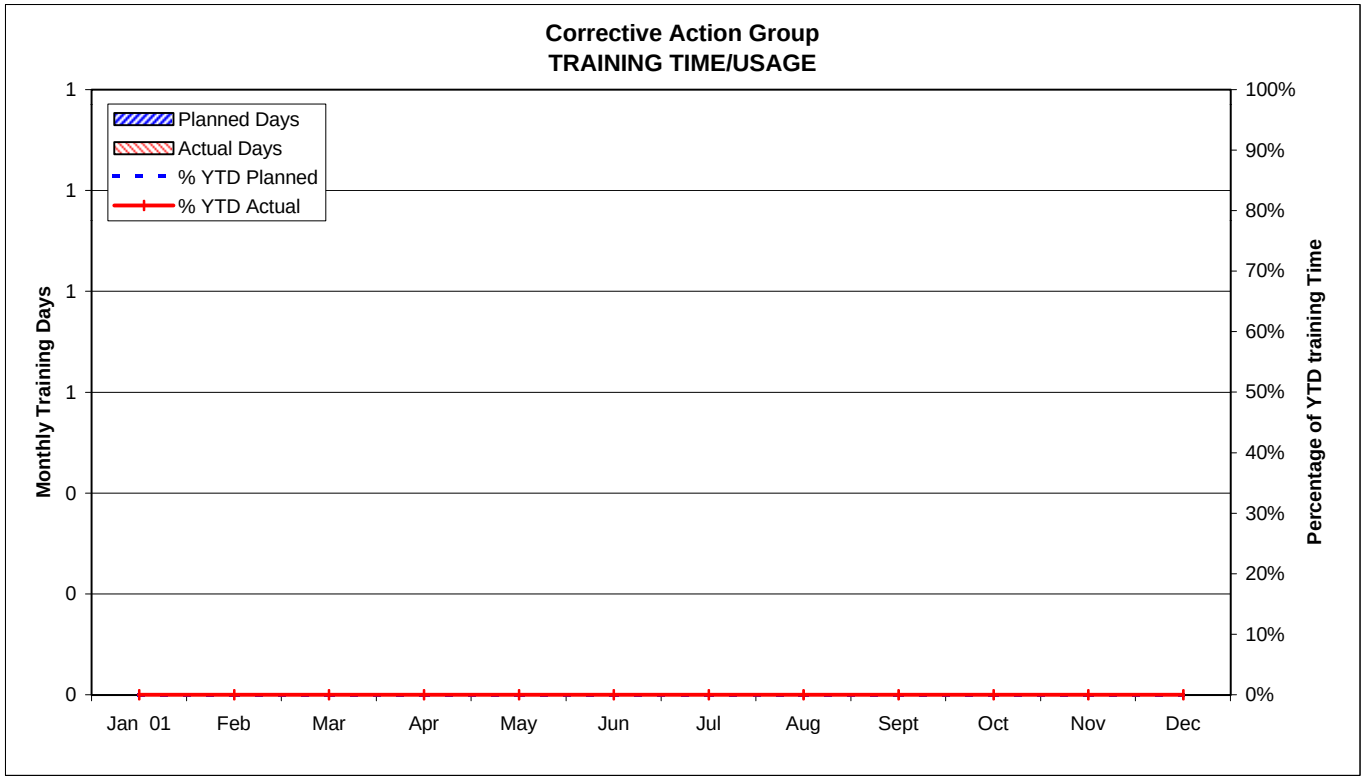
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Site Attendance	0	0	0	0	0	0	0	0	0	0	0	0
Off Site Attendance	0	0	0	0	0	0	0	0	0	0	0	0
Overall Attendance	0	0	0	0	0	0	0	0	0	0	0	0
	**											

** No training this month

Indicator Description:

This performance indicator represents the percentage of trainees attending classes (classroom, lab) as scheduled. Attendance is defined as being present for the entire session without interruption. The class attendance in each program is averaged for a month and reported. the goal is 100% of attend classes as scheduled.

Analysis:



Month	Jan 01	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Planned Days												
Actual Days												
YTD Planned	0	0	0	0	0	0	0	0	0	0	0	0
YTD Actual	0	0	0	0	0	0	0	0	0	0	0	0
% YTD Planned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
% YTD Actual	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Total Days

INDICATOR DESCRIPTION

This indicator represents the planned versus actual Training schedule for the department. Training is performed at the beginning of the year and used for work planning and ensuring that there is sufficient staffing even during peak vacation periods. Actual usage of Training time may vary depending upon personal circumstances.

ANALYSIS

The analysis section describes the department's performance on a monthly basis, whether or not performance is on track with the business plan and if there are any specific reasons for the performance indicated. If emerging issues are of concern or if remedial measures are being taken that could affect future performance and /or indicated trends, they can be presented in this section.