

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( G ) Engineering Evaluation		Schedule Type: ( A ) Normal Work Management		CA Number: 1	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B02 ) Procedure Content				Resp Org: 0030
	Description: For Item 1 of Condition Report 02-00921, Engineering will evaluate the need to include the local flow indicators in the Fire Protection Safe Shutdown Report, and initiate FPSSR changes as required.						
	Completed By: KAHL, H		Organization: 0030	Date: 3/4/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A		Corrective Action Due Date: 9/1/2002	
	Approval: (Enter Name and Sign) Manoleras, M for Hawley				Section: 0030	Date: 3/8/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response: The evaluation has been performed with the conclusion that no changes to the Fire Protection Safe Shutdown Report or the operating procedures are required. The details of the evaluation are as follows:  Concern: Step 10 of 2OM-56C.4.C directs the NCO to "verify Seal Injection Flow indicated at [2CHS-FI130A, 127A, and 124]." The Beaver Valley Unit 2 Fire Protection safe Shutdown Report does not document that this instrument is available post- fire. References: 1) WCAP 15603 "Reactor Coolant Pump Seal Leakage Model for Westinghouse PWRs" 2) NRC Information Notice 84-09, Lessons Learned From NRC Inspections of Fire Protection Safe Shutdown Systems (10 CFR 50, Appendix R), February 13, 1984 3) Fire Protection Safe Shutdown Report, Addendum 19 4) 2OM-56C.4.C "NCO Procedure" 5) NUREG 0800, Section 9.5.1, Fire Protection System, Rev. 3, July 1981 Discussion: NUREG 0800, Section 9.5.1, Fire Protection System, Rev. 3, July 1981, contains the following requirement for alternative or dedicated shutdown fire areas: "The process monitoring function should be capable of providing direct readings of the process variables necessary to perform and control the above functions."						
	The following list is the minimum monitoring capability the NRC staff considers necessary to achieve safe shutdown for PWRs per NRC Information Notice 84-09: a. Pressurizer pressure and level. b. Reactor coolant hot leg temperature or exit core thermocouples, and cold leg temperature. c. Steam generator pressure and level (wide range). d. Source range flux monitor. e. Diagnostic instrumentation for shutdown systems.						

RR/2

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Q U E R I E S	<p>f. Level indication for all tanks used (e.g. CST)</p> <p>In accordance with the recommendations of NRC Information Notice 84-09, the Beaver Valley Unit 2 Fire Protection Safe Shutdown Analysis demonstrates that pressurizer level instrumentation is available to monitor charging flow and RCS inventory for all postulated fire conditions. Seal injection flow is not identified as an instrument required to achieve safe shutdown by NRC Information Notice 84-09.</p> <p>Procedure Review</p> <p>After directing the NCO (step 1) to trip the reactor, 2OM-56C.4.C provides the NCO the following note:</p> <p>"NOTE: Perform as many actions as possible from the Control Room. If at any time the Operations Supervisor deems control OR Control Room habitability are degraded to the extent that safe shutdown from the Control Room is NOT feasible, Perform Step 18 AND Notify N.O. #1 and N.O. #2 that you are evacuating."</p> <p>Step 10 of 2OM-56C.4.C then directs the NCO to verify the essential charging flow path by performing the following action if possible before evacuating the main control room as follows:</p> <p>"10. Verify Seal Injection Flow Indicated at [2CHS-FI130A, 127A, and 124A]."</p> <p>Although RCP seal flow instrumentation is not credited for safe shutdown, the regulations do not preclude the use of this instrumentation if available. Use of the seal injection instrumentation to verify essential charging flow, if available, is appropriate and is considered a good practice.</p> <p>Corrective Action Implementation Date: <u>8/28/2002</u></p>	
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: KAH, H Date: 8/28/2002	
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: Date:	
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: Manoleras, M for Hawley Date: 8/29/2002	
	Comments:	
	Approval: Date:	

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NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( G ) Engineering Evaluation		Schedule Type: ( A ) Normal Work Management		CA Number: 2	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B02 ) Procedure Content			Resp Org: 0030	
	Description: Engineering will evaluate the allowable time to perform time critical actions identified in Item 4 of this Condition Report, and initiate any required changes to the Fire Protection Safe Shutdown Report.						
	Completed By: KAHL, H		Organization: 0030	Date: 3/4/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refuelling Outage is required, Enter the Refuelling Outage number: <u>N/A</u>			Other Tracking # N/A		Corrective Action Due Date: 11/29/2002	
	Approval: (Enter Name and Sign) Manoleras, M for Hawley				Section: 0030	Date: 3/8/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response: Fire protection program change evaluation 02-055 has been completed which initiates the changes to the Fire Protection Safe Shutdown Report for the time critical manual actions having an existing calc basis. Additional corrective actions 02-00921-6, 7, 8, and 9 have been written to (1) incorporate the changes in the Fire Protection Safe Shutdown Report (2) develop a calculation basis for other manual actions where such calculations do not currently exist, and (3) identify any other manual actions which may require calculations for time limitation.  Manual actions to address loss of RCP seal cooling due to spurious actuation of RCP seal injection valves 2CHS*MOV308A, B, C are currently being addressed as part of the NEI 00-01 circuit failure scoping study, under Corrective Action 01-3412-16.  Corrective Action Implementation Date: <u>11/25/2002</u>						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: KAHL, H Date: 11/26/2002						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: Date:						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: Frederick, K for Manoleras Date: 11/26/2002						
Q U E R I E S	Comments:						
	Approval:						Date:

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( G ) Engineering Evaluation	Schedule Type: ( A ) Normal Work Management			CA Number: 3	
	Corrective Action Type: ( RA ) Remedial Action	Cause Code: ( B02 ) Procedure Content				Resp Org: 0030	
	Description: Engineering will initiate a change to the FPSSR to resolve the difference identified in Item 5 of CR 02-00921 between the FPSSR and the operating manual.						
	Completed By: KAHL, H	Organization: 0030	Date: 3/4/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>		Other Tracking # N/A		Corrective Action Due Date: 9/1/2002		
	Approval: (Enter Name and Sign) Manolas, M for Hawley			Section: 0030	Date: 3/8/2002		
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response: Upon further Engineering review of this corrective action, it was found that there is not a discrepancy between the FPSSR and the operating manual as originally thought; however some enhancements to both the FPSSR and the Operating Manual should be made when the petcocks are installed on the valve in accordance with CA 01-2600-02. The due date for CA 01-2600-02 is 2/19/03. A new corrective action to CR 02-00921 has been added to revise the FPSSR and initiate procedure changes after the petcocks are installed. Details of the engineering evaluation follow:						
	Concern: The Beaver Valley Unit 2 Fire Protection Safe Shutdown Report, Section 3.35.10, Spurious Signal Evaluation, CVCS, indicates potential spurious actuation of 2CHS*FCV113A, Boric Acid to Blender Flow Control Valve. Operator action is "The operator will verify that the valve is open. If the valve is not open, the operator could de-energize its power source and manually open the valve." Procedure 2OM-56C.4.E, Revision 12 implements the function but in a different way from that stated in the above report. 2OM-56C.4.E, Action 7), states "Open by closing the air supply valve and opening the pressure regulator petcock." References: 1) 2OM-56C.4.E, Nuclear Operator #2 Procedure, Rev. 12 2) 2OM-56B.3.B.2, TAB 2, Service Building, Rev. 9 3) Fire Protection Safe Shutdown Report, Addendum 19 Discussion: The suspect instructions in the FPSSR actually occur in two places - once in 3.34.10, and again in 3.35.10. Section 3.34 addresses the consequences of a fire in the Service Building Cable Tray Area (SB-3). Section 3.35 addresses the consequences of a fire in the Normal Switchgear Room (SB-4). The suspect instructions in the operating manual are written for the nuclear operator #2 in the event of a fire that forces evacuation of the control room. Such fires could occur in the instrument/relay room (CB-1), the cable spreading room (CB-2), the control room (CB-3), the west communications room (CB-6), or the cable tunnel area (CT-1). A fire in SB-3 or SB-4 is not expected to require this procedure.						



CORRECTIVE ACTION						CR Number: 02-00921	
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O R I G I N A T O R	CR Category: CF	Action Type: ( C ) Not Used		Schedule Type: ( A ) Normal Work Management		CA Number: 4	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B02 ) Procedure Content				Resp Org: 0030
	Description: After determining FPSSR revisions required per CA 1, 2, and 3, Engineering will initiate any required procedure revision request as required to resolve the discrepancies identified in CR 02-00921.						
	Completed By: KAHL, H		Organization: 0030	Date: 3/4/2002	Phone: 5064	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A	Corrective Action Due Date: 2/20/2003		
	Approval: (Enter Name and Sign) Manoleras, M for Hawley				Section: 0030	Date: 3/8/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response: The following address the specific procedure issues in the condition report:  Item 1 (use of unanalyzed seal injection flow indicator) - CA 1 response determined that that no FPSSR or procedure changes were required. Item 2 (opening MOV in step preceding the step to deenergize the MOV) New CA initiated for Integrated Procedures. Item 3 (Additon of suppression capability for service building) New CA 11 initiated for Integrated Procedures Item 4 (time critical actions) New CA 10 initiated for procedures to implement time for EDG cooling per CA 8. (Other manual actions need to have calc basis documented per CA 6, 7, and 9.) Item 5 (action for 2CHS*FCV113A) - a new CA 12 was initiated for Integrated Procedures group. Corrective Action Implementation Date: <u>2/12/2003</u>						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: <u>KAHL, H</u> Date: <u>2/18/2003</u>						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: _____ Date: _____						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: <u>Manoleras, M</u> Date: <u>2/19/2003</u>						

<b>CORRECTIVE ACTION</b>		<b>CR Number:</b> <b>02-00921</b>
NOP-LP-2001-05		
<b>Q V U E A R L I F I T I Y E R</b>	<b>Comments:</b>	
	<b>Approval:</b> <span style="float: right;"><b>Date:</b></span>	

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( G ) Engineering Evaluation		Schedule Type: ( A ) Normal Work Management		CA Number: 5	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B01 ) Document Content				Resp Org: 0030
	Description: After installation of valve petcocks per CA 01-2600-02, initiate change to FPSSR and operating manual to utilize them to isolate air to 2CHS*FCV113A in event of a fire in SB-3 or SB-4.						
	Completed By: KAHL, H		Organization: 0030	Date: 8/28/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A		Corrective Action Due Date: 2/25/2003	
	Approval: (Enter Name and Sign) DEVINE, J				Section: 0030	Date: 8/29/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response: Further review of this CA determined that the condition identified in the CR (Discrepancy between FPSSR and the Operating Manual) is not a problem. The applicable operating procedure for a fire in SB-3 or SB-4 is not 2OM-56C. 4.E referenced in the Condition Report but 2OM56B.3.B.2. This OM56B procedure (Rev. 9 was reviewed) includes deenergization of the valve's power supply at [PNL*DC2-11] Bkr 8-11 consistent with the method identified in the FPSSR and will adequately address the spurious signal generated in these fire areas.						
	Corrective Action Implementation Date: <u>2/20/2003</u>						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: KAHL, H Date: 2/20/2003						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: Date:						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: Sockaci, T for Manoleras Date: 2/24/2003						
Q U E R I E R	Comments:						
	Approval: Date:						



CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( G ) Engineering Evaluation		Schedule Type: ( A ) Normal Work Management		CA Number: 6	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B01 ) Document Content				Resp Org: 0030
	Description: Identify other time critical manual actions similar to those identified in Item 4 of the original condition report.						
	Completed By: KAHL, H		Organization: 0030	Date: 11/25/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A		Corrective Action Due Date: 7/22/2003	
	Approval: (Enter Name and Sign) Frederick, K for Manoleras				Section: 0030	Date: 11/26/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response:						
	Corrective Action Implementation Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: _____ Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: _____ Date: _____						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____						
Q U E R I E S	Comments:						
	Approval:					Date:	

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( H ) Calculation - New		Schedule Type: ( A ) Normal Work Management		CA Number: 7	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B01 ) Document Content				Resp Org: 0030
	Description: Perform analysis of time to initiate auxiliary feedwater in BVPS-2 alternate safe shutdown procedures. (Note -Westinghouse analysis CN-TA-02-112 Rev. 0 evaluated BVPS Unit 1 transient with auxiliary feedwater restored in 20 to 30 minutes with dedicated AFW pump.)						
	Completed By: KAHL, H		Organization: 0030	Date: 11/25/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A		Corrective Action Due Date: 9/30/2003	
	Approval: (Enter Name and Sign) Frederick, K for Manoleras				Section: 0030	Date: 11/26/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response:						
	Corrective Action Implementation Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: _____ Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: _____ Date: _____						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____						
Q U E R I E S	Comments:						
	Approval:						Date:

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF		Action Type: ( V ) Other		Schedule Type: ( A ) Normal Work Management		CA Number: 8
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B04 ) Design analysis				Resp Org: 0030
	Description: Incorporate Fire Protection Safe Shutdown Report changes evaluated in Fire Protection Program Change Evaluation 02-055, RAD 02-04485, and Proposed Change Form 2-02-09 for time limit on restoration diesel generator cooling and portable ventilation of control room. Initiate procedure revisions.						
	Completed By: KAHL, H		Organization: 0030	Date: 11/25/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A		Corrective Action Due Date: 5/23/2003	
	Approval: (Enter Name and Sign) Frederick, K for Manoleras				Section: 0030	Date: 11/26/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response: The changes were incorporated in Addendum 22 of the FPSSR.						
	Corrective Action Implementation Date: <u>2/12/2003</u>						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: KAHL, H Date: 2/12/2003						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: Date:						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: Manoleras, M Date: 2/26/2003						
Q U E R I E R	Comments:						
	Approval:					Date:	

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( H ) Calculation - New		Schedule Type: ( A ) Normal Work Management		CA Number: 9	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B04 ) Design analysis				Resp Org: 0030
	Description: Perform calculation to determine time limit for termination of spurious quench spray pump operation.						
	Completed By: KAHL, H		Organization: 0030	Date: 11/25/2002	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A		Corrective Action Due Date: 5/23/2003	
	Approval: (Enter Name and Sign) Frederick, K for Manoleras				Section: 0030	Date: 11/26/2002	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response: Calculation 10080-N-811, Rev. 0 has been issued to show that a spurious actuation of a quench spray pump will not impact the plant's ability to perform Safe Shutdown as per Appendix R requirements. No documents were impacted and no recommendations were made as a result of this calculation. No additional actions are required.						
	Corrective Action Implementation Date: <u>5/22/2003</u>						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: <u>BLOOM, D</u> Date: <u>5/22/2003</u>						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: _____ Date: _____						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: <u>Manoleras, M</u> Date: <u>5/23/2003</u>						
Q U E R I F I E R	Comments:						
	Approval: _____ Date: _____						

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( 3 ) Not Used		Schedule Type: ( A ) Normal Work Management		CA Number: 10	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B02 ) Procedure Content				Resp Org: 0051
	Description: Make the following changes to 2OM56C.4.D  Part 2 step 5b in which 2CHS*MOV113A is manually operated should be changed to ensure the valve's linestarter is off on MCC-2-E07 before manual operation.  Add a caution note stating that the diesel generator will operate for 7 minutes 50 seconds without service water cooling  (The above revision is consistent with Addendum 22 of the FPSSR issued per CA 02-00921-8)						
	Completed By: KAHL, H		Organization: 0030	Date: 2/12/2003	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A	Corrective Action Due Date: 7/8/2003		
	Approval: (Enter Name and Sign) Eberle, C for Drew				Section: 0051	Date: 2/20/2003	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response:						
	Corrective Action Implementation Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: _____ Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: _____ Date: _____						
Q U E R I E R	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____						
	Comments:          Approval: _____ Date: _____						

CORRECTIVE ACTION						CR Number: 02-00921									
NOP-LP-2001-05															
O R I G I N A T O R	CR Category: CF		Action Type: ( 2 ) Not Used		Schedule Type: ( A ) Normal Work Management		CA Number: 11								
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B02 ) Procedure Content				Resp Org: 0051								
	Description: Revise 2OM-56B.3.B.2, Tab 2, Service Building. The table listing the fire suppression systems for the Service Building does not list the suppression system for SB-4. Add as follows  <table border="0"> <tr> <td>Fire Area</td> <td>Primary Suppression</td> <td>Actuation</td> <td>Backup</td> </tr> <tr> <td>SB-4</td> <td>Portable CO2</td> <td>MAN</td> <td>Hose Rack</td> </tr> </table>							Fire Area	Primary Suppression	Actuation	Backup	SB-4	Portable CO2	MAN	Hose Rack
	Fire Area	Primary Suppression	Actuation	Backup											
SB-4	Portable CO2	MAN	Hose Rack												
Completed By: KAHL, H		Organization: 0030	Date: 2/12/2003	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # 2OM-56B.3.B.2	Corrective Action Due Date: 5/7/2003										
	Approval: (Enter Name and Sign) Schaffner, F for Drew				Section: 0051	Date: 2/13/2003									
QUAL- ITY	Quality Organization Approval:					Date:									
I M P L E M E N T I N G  O R G	Response: 2OM-56B.3.B.2, Tab 2, Service Building, Rev. 10 (effective 5/07/03). (1) "SUPPRESSION" (Table) added the following information : SB-4, Portable CO2, Manual, Hose Rack.														
	Corrective Action Implementation Date: <u>5/7/2003</u>														
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: <u>PLUMMER, R</u> Date: <u>5/7/2003</u>														
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: _____ Date: _____														
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: <u>Mills, B for Drew</u> Date: <u>5/6/2003</u>														
Q U E R I E R	Comments:														
	Approval:					Date:									

CORRECTIVE ACTION						CR Number: 02-00921	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CF	Action Type: ( 3 ) Not Used		Schedule Type: ( A ) Normal Work Management		CA Number: 12	
	Corrective Action Type: ( RA ) Remedial Action		Cause Code: ( B02 ) Procedure Content				Resp Org: 0051
	Description: Valve has been installed to bleed air from 2CHS*FCV113A (CA 01-2600-02, W.O. 01-014243-000) Procedure revisions should be made as follows:  2OM-56C.4.F-9 Step 1a.(to open 2CHS*FCV113A) add "and open regulator drain valve to bleed air from the actuator of 2CHS*FCV113A"  2OM56B.3.B.2, Attachment 3, Step 19.b.2, and Attachment 4 Step 12.B (local verification of valve 2CHS*FCV113A position) - Add "If [2CHS*FCV113A] is not open, close air supply valve and open pressure regulator drain valve."						
	Completed By: KAHL, H		Organization: 0030	Date: 2/17/2003	Phone: 5064	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage Is required, Enter the Refueling Outage number: <u>N/A</u>			Other Tracking # N/A	Corrective Action Due Date: 7/8/2003		
	Approval: (Enter Name and Sign) Eberle, C for Drew				Section: 0051	Date: 2/20/2003	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I N G  O R G	Response:						
	Corrective Action Implementation Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: _____ Date: _____						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: _____ Date: _____						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____						
Q U E R I E R	Comments:						
	Approval:					Date:	