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Chief Operating Officer

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September 30, 2004

PY-CEI/OIE-0617L

James L. Caldwell  
Regional Administrator, Region III  
U.S. Nuclear Regulatory Commission  
2443 Warrenville Road, STE 210  
Lisle, IL 60532-4352

Subject: Transmittal of the Performance Improvement Initiative  
Perry Nuclear Power Plant, Docket No. 50-440

Dear Mr. Caldwell:

In a letter dated August 12, 2004, the Perry Nuclear Power Plant (PNPP) was notified of being placed in the Multiple/Repetitive Degraded Cornerstone column of the NRC's Action Matrix. Prior to receiving your letter, the FirstEnergy Nuclear Operating Company (FENOC) was already taking demonstrative actions to improve plant performance.

These actions are described in the attached Performance Improvement Initiative. This improvement initiative was formed using insights from the NRC Inspection Procedure 95003, lessons learned from the Davis-Besse Nuclear Power Station, and other stations that were placed under the IP 95003 inspection process. The Performance Improvement Initiative is structured around six key Improvement Initiatives that resulted from individual plant performance information:

- Equipment Performance and Configuration
- Program/Procedure Review
- Containment & Safety Systems
- Corrective Action Implementation Improvement
- Organization Effectiveness Improvement
- Validation of Root Cause Actions and Effectiveness Review of Root Cause Corrective Actions

The Performance Improvement Initiative is being used by the FENOC Executive Leadership Team to correct the declining trends in performance at PNPP. During the implementation of this initiative, PNPP's attention will remain focused on the continued safe operation of the plant. A Detailed Action and Monitoring Plan is being used by the FENOC Executive Leadership Team to direct implementation of the Performance

Improvement Initiative. This Detailed Action and Monitoring Plan is available for NRC review at PNPP.

There are no regulatory commitments contained in this letter or its attachments. Any actions and due dates discussed in this document are described for the NRC's information, and are not regulatory commitments.

Should you have any questions concerning this matter, please contact Jeff Lausberg, Manager - Regulatory Compliance, at (440) 280-5940.

Sincerely,

A handwritten signature in cursive script, appearing to read "Scott W. Myers".

Attachment

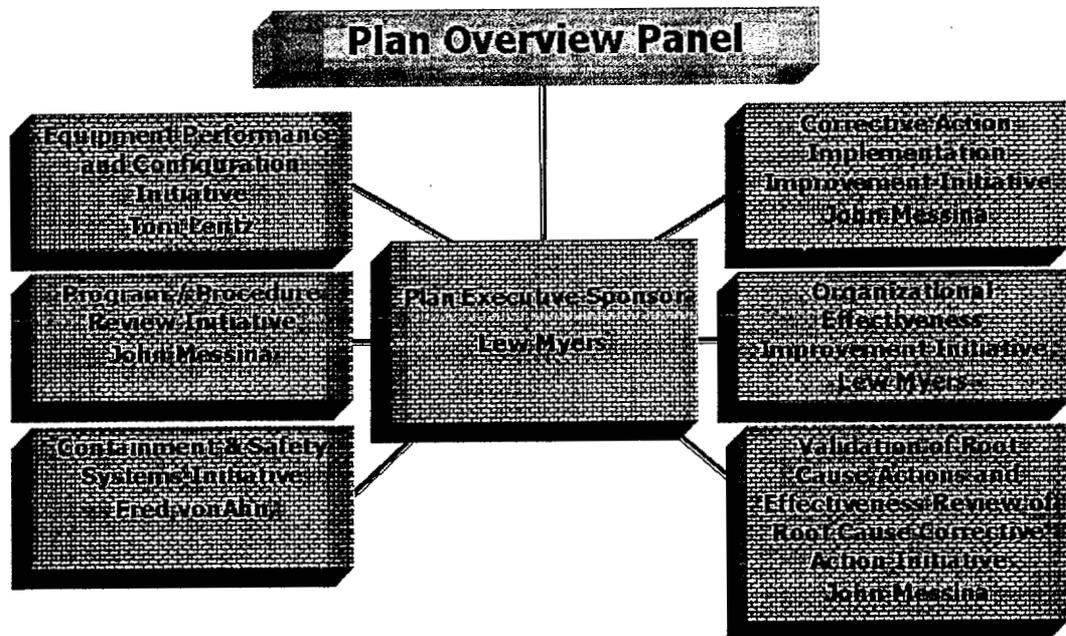
cc: NRC Document Control Desk  
NRC Senior Resident Inspector  
NRR Project Manager

PERRY NUCLEAR POWER PLANT	Number: PYBP-PII-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 1 of 27

# Perry Nuclear Power Plant Performance Improvement Initiative

Revision: 1

Date: September 30, 2004



PERRY NUCLEAR POWER PLANT	Number:	PYBP-PII-0001
Title: Performance Improvement Initiative	Revision:	1
		Page 2 of 27

## PERRY PERFORMANCE IMPROVEMENT INITIATIVE

Revision: 1

Date: September 30, 2004

**Prepared:**

Original signed by E. M. Root

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E. M. Root

**Approved:**

Original signed by L. W. Myers

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L. W. Myers, FENOC Chief Operating Officer & Perry Site Vice President

Original signed by G. R. Leidich

\_\_\_\_\_  
G. R. Leidich, FENOC President

PERRY NUCLEAR POWER PLANT		Number: PYBP-P11-0001
Title: Performance Improvement Initiative	Revision: 1	Page 3 of 27

## Table of Contents

Summary of Revision Changes.....	4
I. Executive Summary .....	5
II. Introduction and Purpose .....	6
III. Methodology .....	6
IV. Performance Improvement Initiative Organization .....	7
V. Nuclear Oversight.....	7
VI. Improvement Initiatives .....	8
A. Equipment Performance and Configuration Initiative.....	9
B. Program / Procedure Review Initiative.....	11
C. Containment & Safety Systems Initiative.....	12
D. Corrective Action Implementation Improvement Initiative .....	12
E. Organizational Effectiveness Improvement Initiative .....	13
F. Validation of Root Cause Actions and Effectiveness Review of Root Cause Corrective Actions Initiative.....	14
<u>Figures:</u>	
1. Perry Improvement Initiatives .....	15
2. Improvement Initiative Organization.....	16
3. Improvement Initiative Framework Overview .....	17
4. Barriers to Ensure Nuclear Safety.....	18
<u>Attachments:</u>	
1. Program Review Listing .....	19
2. Overview Panel Charter .....	20

PERRY NUCLEAR POWER PLANT	Number:	PYBP-PII-0001
Title: Performance Improvement Initiative	Revision:	1
		Page 4 of 27

### Summary of Revision Changes

Revision 0:

Initial Issue

Revision 1:

Updated the Initiative Owner and Oversight responsibility. Updated plan details based on feedback from the Performance Overview Panel. Provided additional details and clarification on initiatives.

PERRY NUCLEAR POWER PLANT	Number: PYBP-II-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 5 of 27

**I. Executive Summary**

FENOC is taking an integrated and comprehensive approach to Performance Improvement, and to ensure that Perry continues safe, reliable operations. FENOC is structuring its approach around six key Improvement Initiatives, with associated implementing documents. This plan will be used by the FENOC Executive Leadership Team to correct the declining trends in performance and to focus on major initiatives that improve the safety performance and reliability of the Perry Nuclear Station. This plan is focused on finding and correcting problems. In parallel with implementation of this plan, our focus will remain on continued safe operation of Perry. This plan will remain in effect while the Perry Station demonstrates improved performance through the end of the next operating cycle.

Plant performance declined in the recent past due to:

- Several equipment problems due to latent issues
- Actions to address known problems were untimely or ineffective
- Management was not reinforcing existing expectations resulting in missed opportunities to correct problems

Many strong actions have already been taken by FENOC, such as:

- Several new managers with industry experience have been added to the Perry Team
- FENOC has brought in several proven leaders from within our organization.
- A review and selection process has been completed for all Perry Managers and Supervisors. Recent management changes have been made to improve operational focus. The new FENOC Fleet is now manned with strong and experienced managers responsible for long term material improvement and process and program oversight. Additionally, FENOC is actively pursuing a Perry Site Vice-President as a priority management change yet to be completed.
- An experienced Performance Overview Panel is in place to advise the FENOC executive leadership team
- A detailed Latent Issues Review has been completed on the Division 1 and 2 Standby Diesel Generator.
- The recent issues with the Emergency Service Water Pump have resulted in pumps that are more robust than the original design
- Procedures have been established to ensure proper venting of the RHR Water Leg Pump and a modification is being installed in the next refueling outage to enhance the piping issues
- Strong actions have been take to ensure effective Emergency Preparedness

We have established this plan to ensure that the safety barriers shown in Figure 4 are strong, while proactively assessing systems and programs for latent weaknesses.

PERRY NUCLEAR POWER PLANT		Number:	PYBP-PII-0001
Title:	Performance Improvement Initiative	Revision:	1
		Page	6 of 27

## II. Introduction and Purpose

The initiatives discussed in this plan were derived to address the lessons learned during the current operating cycle and to ensure that the lessons learned from the recent Davis Besse outage have been properly implemented at our Perry Station. A Common Cause Analysis investigation (CR-03-05995) was completed associated with the NRC Degraded Cornerstone Inspection. During the current cycle several actions have been taken to improve performance issues addressed in the specific root cause reports, and the Common Cause Report. This plan is more diagnostic in that it addresses Reactor Safety, Human Performance, and Organizational and Programmatic issues. This plan includes programmatic and organizational improvements to prevent recurrence of the type of issues that led to several significant equipment failures during the last two years.

## III. Methodology

This Performance Improvement Initiative Plan is designed to identify corrective actions and other improvements, and to provide a documented validation of completed actions, effectiveness reviews of completed corrective actions taken, and identifications of areas requiring further review.

During previous years, the station performed organizational effectiveness root cause investigations and many actions were identified to correct the identified causes. An assessment of these actions indicates that many have not been fully implemented. These actions will be effective once fully implemented and will demonstrate that the root causes analyses are adequate. The corrective actions will be promptly completed and reviewed for effectiveness.

The data collection and review from selected root cause reports (CR-02-03972 High Pressure Core Spray Failure to Start, 03-04764 Air Binding of the RHR Water Leg Pump, and 04-02598 ESW Pump Failure) and the Common Cause Analysis (CR-03-05995) resulted in the following Plant Performance Improvement Initiatives. The initiatives are broken down into two categories; 1) Areas Requiring Further Reviews and Assessments, and 2) Areas Requiring Corrective Action Completion and Effectiveness Reviews. The framework of these Plant Performance Initiatives is presented in Figure 3.

### Area Requiring Further Reviews and Assessments

- A. Equipment Performance and Configuration Initiative
- B. Program / Procedure Review Initiative
- C. Containment & Safety System Initiative

### Areas Requiring Corrective Action Completion and Effectiveness Reviews

- D. Corrective Action Implementation Improvement Initiative

PERRY NUCLEAR POWER PLANT		Number:	PYBP-PII-0001		
Title:	Performance Improvement Initiative	Revision:	1	Page	7 of 27

- E. Organizational Effectiveness Improvement Initiative
- F. Validation of Root Cause Actions and Effectiveness Review of Root Cause Corrective Actions Initiative

#### IV. Performance Improvement Initiative Organization

The following are the key elements of the organization. Figure 2 depicts the organization and its relationship to the Improvement Initiatives:

- A Performance Overview Panel, consisting of independent outside industry experts and FENOC executive management will provide oversight of implementation of the Performance Improvement Initiative.
- The Chief Operating Officer is assigned to provide direction and oversight of the Performance Improvement Initiative.
- The Vice President, Oversight reports to the President of FENOC and is assigned to provide independent oversight of plan activities
- An Action Plan Manager will monitor and report on plan progress and facilitate the Performance Overview Panel.
- A new position has been established, Director of Performance Improvement, responsible for implementation of this plan.
- An Initiative Sponsor and Owner has been established for each of the six Performance Improvement Initiatives.
- An outside Performance Overview Panel member will chair the Corrective Action Review Board to ensure that we objectively meet standards. The alternate Chairman will be the Director of Performance Improvement.

#### V. Nuclear Oversight

Many actions to improve FENOC Nuclear Oversight have been taken as a result of the Davis Besse extended outage. The Perry Nuclear Oversight Manager reports to the Vice President (VP) of Nuclear Oversight. The VP of Nuclear Oversight reports to the President of FENOC and to the Nuclear Committee of the FirstEnergy Board. As part of the Davis Besse lessons learned the Nuclear Oversight VP position was created. This position, along with the Senior VP of Fleet Engineering and Services, and the Chief Operating Officer position were created to provide consistent oversight of the FENOC facilities.

FENOC has recently strengthened the Perry Nuclear Oversight Manager position by assigning a proven leader from within our organization who has recent industry experience as an INPO Plant Evaluation Team Manager. The Perry Nuclear Oversight Manager will provide oversight and assess the adequacy of activities conducted as part of the Performance Improvement Initiative.

PERRY NUCLEAR POWER PLANT		Number: PYBP-II-0001
Title: Performance Improvement Initiative	Revision: 1	Page 8 of 27

Oversight is conducted using FENOC procedure NOP-LP-2004, Internal Assessment Process. As described in this procedure, the Quality Field Observation database will be used to document the results of these assessments. Findings and recommendations shall be documented on Condition Reports (CRs) and processed in accordance with FENOC procedure NOP-LP-2001, Condition Report Process. The Quality Field Observation process will be used to document the overall oversight conclusions. Oversight Assessment Team Leaders are certified in accordance with FENOC procedure NOP-LP-2005, Training and Qualification of Auditor and Lead Auditor Personnel. Assessment team members, including technical specialists, receive training orientation in accordance with FENOC procedure NOP-LP-2004, Internal Assessment Process.

**VI. Improvement Initiatives**

Each of the Improvement Initiatives has been assigned an Owner and an individual responsible for Senior Management Oversight.

Improvement Initiative	Owner	Management Oversight
Equipment Performance and Configuration Initiative	B. Blair	T. Lentz
Program / Procedure Review Initiative	D. Woodfin	J. Messina
Containment & Safety Systems Initiative	W. O'Malley	F. vonAhn
Corrective Action Implementation Improvement Initiative	J. Lausberg	J. Messina
Organizational Effectiveness Improvement Initiative	F. vonAhn	L. Myers
Validation of Root Cause Actions and Effectiveness Review of Root Cause Corrective Actions Initiative	C. Angstadt	J. Messina

Individual plans are being developed for each of the Improvement Initiatives. Each of the plans for the six Improvement Initiatives identifies those actions that must be accomplished to improve Perry's performance.

The Performance Overview Panel will monitor the implementation of this plan. This panel will be independent of the Site management and advise the FENOC Executive Leadership Team. The Overview Panel will look at plan completeness and assure the various initiatives are well

PERRY NUCLEAR POWER PLANT	Number: PYBP-P11-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 9 of 27

integrated. Nuclear Oversight will provide assessments of the quality of the plan implementation and effectiveness of the corrective actions.

A brief summary of the major elements of the actions and approach for each Improvement Initiative follows.

**A. Equipment Performance and Configuration Initiative**

The Equipment Performance and Configuration Initiative Plan provides for reviews of system health to enhance safe and reliable plant operation. The initiative also includes improvement actions related to fuel reliability and critical calculations. Critical thinking and technical rigor training is being provided to support implementation of the initiative.

Two levels of system reviews will be performed. A System Health Review of selected Maintenance Rule and Technical Specification systems will be performed. A more extensive Latent Issues Review of the Division 1 and 2 Emergency Diesel Generators has been completed. An additional Latent Issues Review of the Reactor Core Isolation Cooling System will be completed by year end 2004 to identify any latent issues, and to provide reasonable assurance that this system can perform its safety and accident mitigation functions. Four additional Latent Issues Reviews will be performed in 2005.

**1. System Health Reviews**

System Health Reviews will be performed on selected Maintenance Rule and Technical Specification systems. The System Health Reviews will be used to provide assurance that the systems can perform their risk significant functions and to validate or identify and correct weaknesses in the current Plant Health process. The system selection criteria will utilize a risk-informed approach by placing priority on systems and components that have a high contribution to Core Damage Frequency as determined from the results of the Probabilistic Safety Assessment.

These Health Reviews are in addition to the normal routine reviews performed by the System Engineer as part of required system monitoring. These reviews will utilize outside consultants to obtain an independent perspective of the current health of the systems. Further, the System Health Reviews will assess both current and historical information associated with the systems and components. The System Health Reviews will ensure the selected systems and components can perform their risk significant maintenance rule functions. The review will include identification of the system's risk significant functions, review of testing results and trending data, system walkdown, and reviews of the Health Report for the system. As a part of the System Health Reviews, applicable industry operating experience will be reviewed. Problems identified during the reviews will be captured in the CR process. When

PERRY NUCLEAR POWER PLANT	Number: PYBP-PH-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 10 of 27

discrete issues are identified during system reviews, the potential extent of condition across systems will be assessed.

By performing these reviews on the selected systems, issues can be identified and corrected that could potentially impact a system's ability to perform its risk significant maintenance rule functions. A report will be prepared to identify the results of the review. The Plant Health Committee (PHC) will review each report. The results of the system health reviews will be reviewed by the Engineering Assessment Board and approved by the Plant Health Committee.

Additionally, these reviews may identify programmatic issues that could impact other less risk significant systems and functions. As these programmatic issues are identified, condition reports will be initiated and evaluations will be performed.

## 2. Latent Issues Reviews

A Latent Issues Review of the Division 1 and 2 Emergency Diesel Generators has been completed. An additional Latent Issues Review of the Reactor Core Isolation Cooling System will be completed by year-end 2004. Four additional Latent Issues Reviews will be performed in 2005, with the selection to include a high pressure injection system and a safety AC electrical system review. The primary focus of these reviews is to ensure that these systems can perform their safety and accident mitigating functions.

The Latent Issues Review Project will take an in-depth look at the selected systems and components from a design, operation, maintenance, and testing perspective. This proactive approach will establish a better understanding of the system interaction with daily operational and maintenance activities, long term design modifications, system and component testing requirements, and regulatory issues. Engineering and Maintenance resources are combined with outside expertise to perform a "Latent Issues Review" team.

This effort will:

- Verify the adequacy of the original testing (Pre-Operational Test) against the design of the system.
- Validate maintenance (including maintenance practices and procedures) and continuing testing (Post-modification testing, Post-maintenance testing, Periodic, and Surveillance Instructions) is adequate to provide reasonable assurance that the original design capabilities are maintained.
- Verify the system(s) will still perform within their design parameters.
- Verify the configuration of the system matches design, and configuration controls are in place to maintain configuration (As-built program and Modification process).

PERRY NUCLEAR POWER PLANT	Number: PYBP-II-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 11 of 27

- Review and update, as necessary the USAR and design basis information on Latent Issue Systems.
- Review applicable industry operating experience.
- Check that modifications meet original design bases or changes have been adequately assessed, codes and standards continue to be met, and design changes were adequately tested.
- Review of the adequacy of engineering programs designed to detect system degradation (i.e. Flow Accelerated Corrosion, In-Service Inspection/In-Service Testing).
- Verify selected design functions by additional testing, if deemed necessary.

As problems are identified, they will be documented on condition reports. The intent of the Latent Issues Reviews is to be more comprehensive than other reviews that may focus on one aspect of design, maintenance, or operation. Because of the broad scope of this effort and the fact that it is looking at systems that may have had previous inspections, it is important to obtain outside expertise. These outside consultants will question conditions that the plant may have deemed acceptable. Contracted expertise, especially those experienced in this type of review, is essential to the success of this initiative. General Electric and other key vendors may be used as necessary as part of the latent issues review.

The Engineering Assessment Board (EAB) will review the Latent Issue Review Reports and the Engineering Director and the Plant Health Committee will approve the reports.

**B. Program / Procedure Review Initiative**

The Program and Procedure Review Initiative will provide for a review of selected plant programs to ensure that the programs are fulfilling required commitments and continue to support safe operation of the Perry Nuclear Power Plant. The list of programs to receive an assessment was developed through a review of significant condition reports, NRC Inspection Reports, INPO Evaluations, QA Assessments, CNRB Reports, other Self-Assessments, key attributes from NRC Inspection Manual 95003, and the list of programs selected as part of the Davis-Besse Restart Plan. The program review will utilize a standardized program review checklist developed from the lessons-learned during the Davis-Besse restart effort to ensure consistent depth and methodology. Each completed program review will be presented to the Perry Senior Leadership Team.

Some of the key programs to receive an assessment include Emergency Preparedness, Radiation Protection and Human Performance. Attachment 1 provides a listing of the

PERRY NUCLEAR POWER PLANT	Number: PYBP-PII-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 12 of 27

programs to be reviewed. Condition Reports will be initiated to document identified program deficiencies.

The Common Cause Analysis of Safety System Failures (CR-03-05995), identified issues with procedure content as a common cause of mitigating system events. A review of maintenance procedures for selected key critical components will be performed to assess their technical accuracy and adequacy. The list of key critical components will be developed using PSA insights. Identified procedure deficiencies will be documented on condition reports and prioritized for correction.

**C. Containment & Safety Systems Initiative**

The Containment & Safety Systems Initiative is designed to improve the material condition of the containment and strengthen the systems to mitigate events. The plan also initiates assessments and monitoring strategies to strengthen the organizational focus on equipment reliability.

The plan implements improvements to the Containment health. Containment corrosion will be assessed. Based on the assessment, actions will be developed and implemented to address the identified concerns. Equipment and component labeling in containment will be improved, along with containment coatings. Procedures, Orders and Condition Reports will used to control field activities and resolve issues.

The plan includes a project for the design, fabrication and installation of an Alternate Decay Heat Removal System. The plan will also address issues associated with Safety Relief Valve leakage and with Steam Bypass and Pressure Control System fluid leakage.

The plan includes a system by system review of critical components to ensure applicable preventative maintenance tasks are in place including verification that task performance frequencies maintain an appropriate balance between reliability and availability. Key critical components that are below warehouse reorder level will be evaluated for restocking needs. The plan will also include development of the list of less than 72 hour LCO component classifications. The plan will apply the FENOC Fleet Value Rating process to all open Engineering Change Requests and present the results to the Plant Health Committee.

Additionally, a Safety System Unavailability Improvement Plan will be developed and implemented.

**D. Corrective Action Implementation Improvement Initiative**

Several program compliance and program implementation failures were identified in recent Root Cause Reports, including inadequate implementation of the Corrective

PERRY NUCLEAR POWER PLANT	Number: PYBP-PII-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 13 of 27

Action Program. The actions to improve the Corrective Action Program and implementation issues are being addressed in this plan.

The plan will validate that root cause and apparent cause investigation quality meet industry benchmarks. It will establish peer reviews of root cause investigations and add advanced root and common cause training for root cause evaluators. This will include providing mentoring/facilitation for all root causes until Root Cause Analysts consistently meets the industry benchmark and can perform independently. Job Familiarization Guides (JFG) will be completed for Corrective Action Review Board members, Analysts, Apparent Cause Evaluators and Root Cause Analysts.

The plan will establish a common cause process and perform common cause analysis. It will establish a trending program that integrates field observation cards and the corrective action program into a real time tool. The Operating Experience Program will be enhanced including revising the program to meet the industry benchmark and incorporate lessons learned from Davis-Besse. A technical oversight will be added to the screening and review of incoming Operating Experience reports. Additionally, an independent and comprehensive assessment of the Corrective Action Program effectiveness at Perry will be performed. The assessment will be used to identify areas for improvement and develop necessary corrective action and associated action plans.

**E. Organizational Effectiveness Improvement Initiative**

The overall goal of this Improvement Initiative is to initiate a substantive and demonstrative change in Perry organizational effectiveness. FENOC is implementing a comprehensive organizational effectiveness improvement plan for the site. This plan includes actions already in progress. In previous years, the station performed organizational effectiveness root cause investigations and many actions were identified to correct the causes. An assessment of these actions indicates that some have not been fully implemented. These actions will be effective once fully implemented. The corrective actions will be completed and reviewed for effectiveness.

The following additional actions are included in this section:

- Quality Assurance Improvement Plan
- Employee Communications Plan
- Safety Culture Assessment
- Perry Performance Overview Panel (See attachment 2)

The FENOC Fleet has implemented a systematic, easy to understand and consistently applied accountability model. This accountability model has been communicated to all employees through a series of small group meetings. The plan includes establishment

PERRY NUCLEAR POWER PLANT	Number: PYBP-PII-0001	
Title: Performance Improvement Initiative	Revision: 1	Page 14 of 27

of guiding principles and decision-making criteria for on-line, forced outage and refuel outage maintenance, modifications and plant improvements using fleet wide standards.

The plan continues the development and implementation of the role of the Plant Health Committee, again using a fleet solution. It uses the FENOC Problem Solving Process (NOP-ER-3001) to determine cause and corrective action for applicable technical problems that are repetitive and/or complex in nature. The plan includes "Critical Thinking and Technical Rigor" training to plant personnel to assure proper implementation of the problem solving process. It clearly defines and communicates expectations for procedure use and adherence. To improve organizational performance, key vendor alliances are being established to improve consistence and quality of vendor support.

The plan clarifies the roles of directors, managers and supervisors and continues the use of the newly introduced Supervisory Communication Meetings. The plan appoints Shift Outage Directors for all complex and Divisional Outages work weeks for the remainder of the operating cycle.

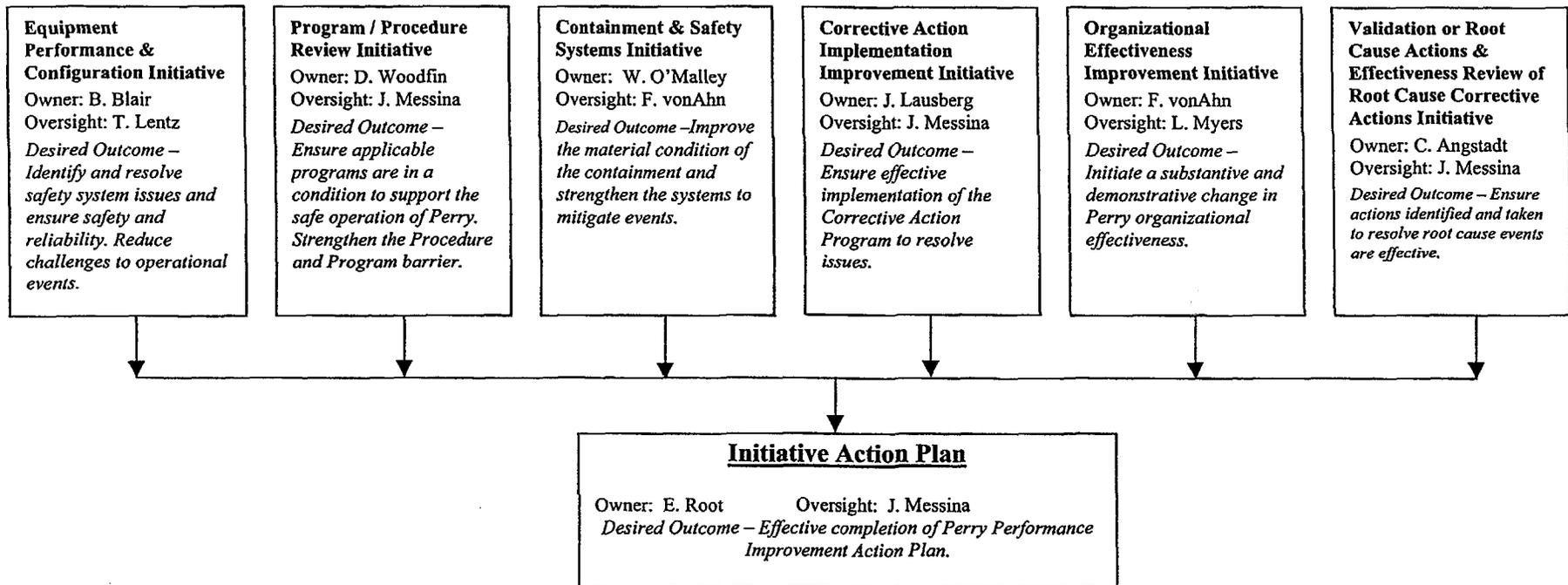
In addition to the Corrective Action Program assessment discussed previously, three other independent assessments will be performed. First, an independent and comprehensive assessment of the Engineering Program effectiveness at Perry has been performed. An independent and comprehensive assessment of the existing organizational Safety Culture at Perry will be performed. Finally, an independent and comprehensive assessment of Operations Performance at Perry will be performed. The assessments will be used to identify areas for improvement and develop necessary corrective action and associated action plans. Additionally, the plan includes INPO and industry assist visits in the areas of work execution, performance improvement, refueling outage readiness, equipment reliability, and source term reduction.

**F. Validation of Root Cause Actions and Effectiveness Review of Root Cause Corrective Actions Initiative**

The Validation of Root Cause Actions and Effectiveness Review of Root Cause Corrective Actions Initiative is designed to ensure actions identified and taken to resolve root cause events are effective. Validation Review of selected root cause corrective actions will be performed. This will include the review of the effectiveness of corrective actions from selected events and Significant Conditions Adverse to Quality. These events will include the High Pressure Core Spray Pump failure to start, air binding of the Residual Heat Removal Water Leg Pump, Emergency Service Water Pump failures, and others. These reviews will be conducted by an outside group of independent experts. Results of the validation review will be presented to the Perry Performance Overview Panel. Additionally, key preventative and remedial corrective actions from selected significant root cause investigation will be tracked to completion and validated.

FIGURE 1

**PERRY IMPROVEMENT INITIATIVES**



**FIGURE 2**  
**Improvement Initiative Organization**

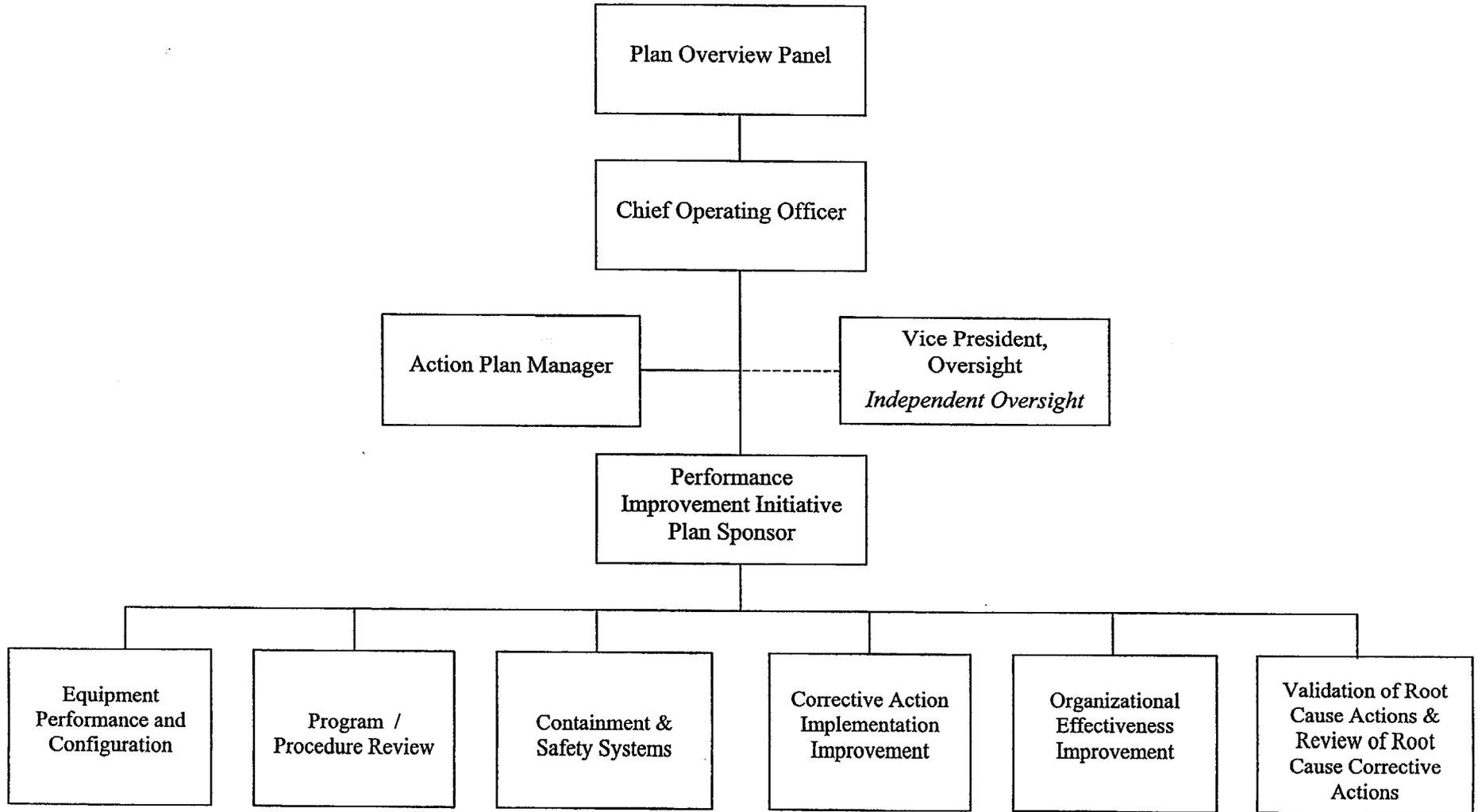


FIGURE 3

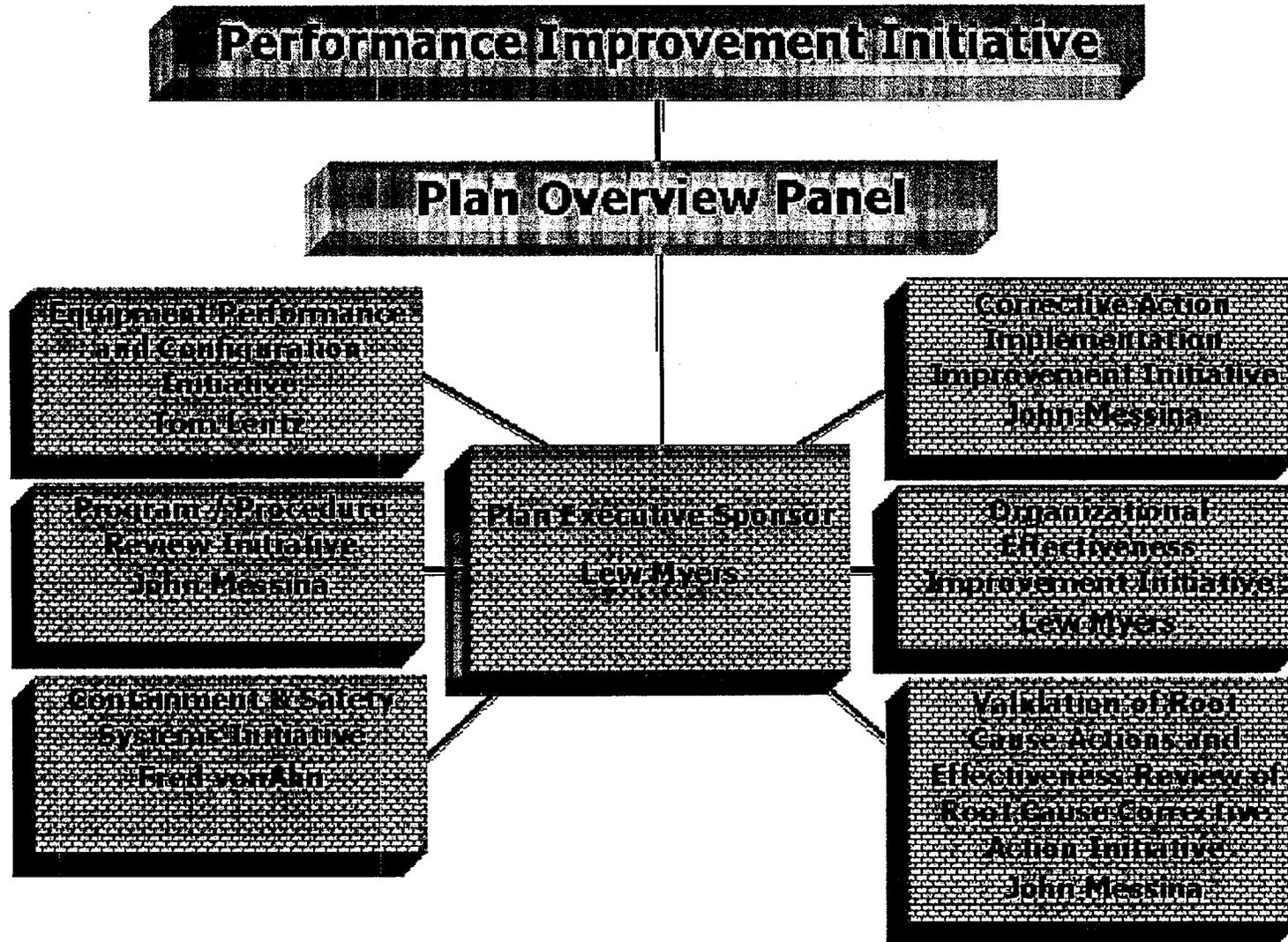
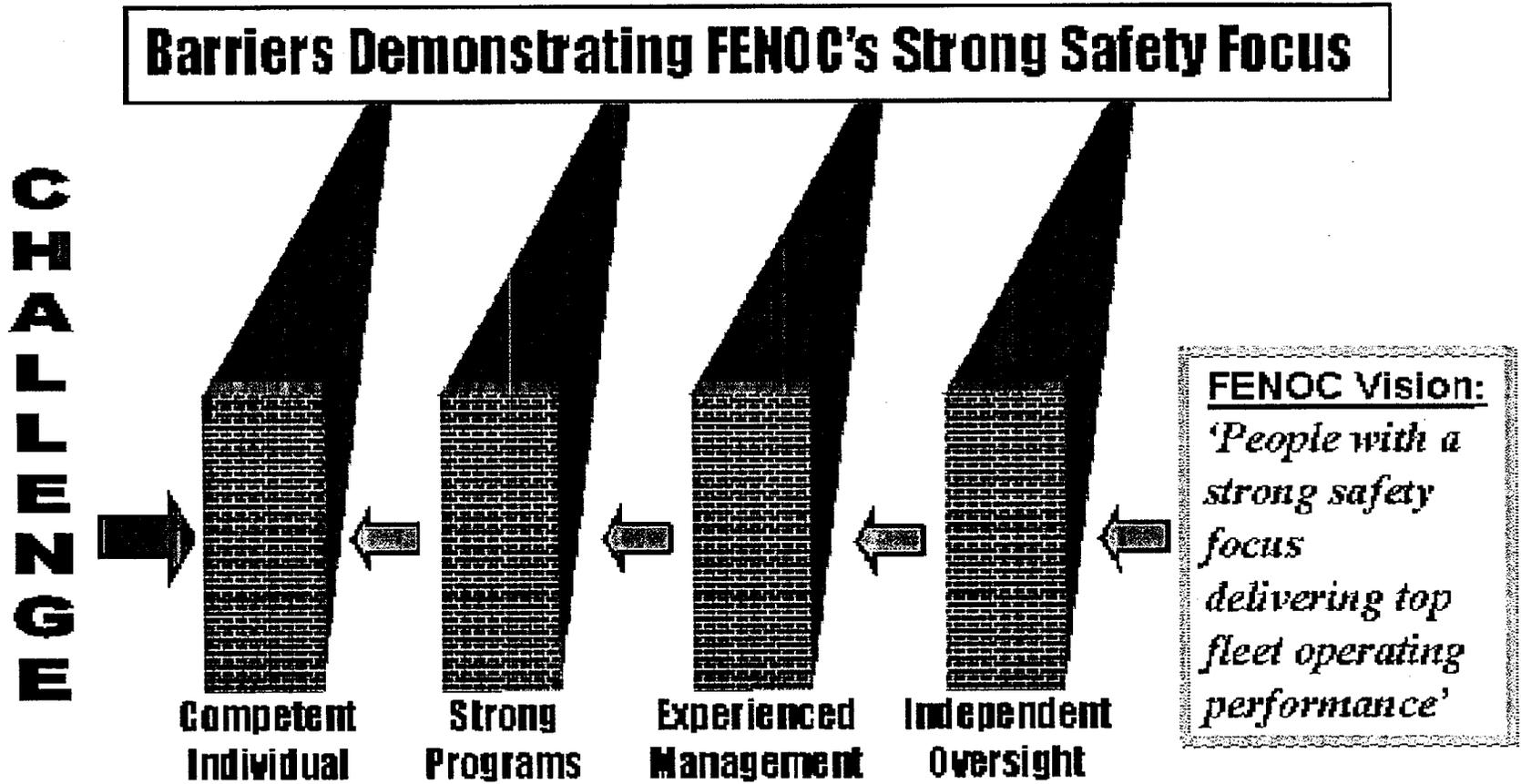


FIGURE 4



PERRY NUCLEAR POWER PLANT	Number:	PYBP-PII-0001
Title: Performance Improvement Initiative Plan	Revision: 1	Page 19 of 27

Attachment 1

PROGRAM REVIEW LIST

1. Configuration Management Program
2. Containment Leakage Rate Test Program (Appendix J)
3. Work Management Program
4. Fuel Reliability Program
5. Maintenance Rule Program
6. On-line Risk Management Program
7. Operability Determination Program
8. Procurement Engineering Program
9. Radiation Protection Program
10. Human Performance Program
11. Emergency Preparedness Program
12. Core Design & Reload Analysis Program
13. Foreign Material Exclusion Program
14. Predictive Maintenance Program
15. Air Operated Valve Reliability Program
16. Motor Operated Valve Reliability Program
17. Appendix R and Safe Shutdown Program
18. Inservice Inspection Program
19. Pipe Wall Thickness Monitoring Program
20. Lubrication Oil Analysis Program
21. Check Valve Reliability Program

## Perry Performance Overview Panel Charter

PREPARED BY: Original signed by Edward Root DATE: 8/10/04  
Edward Root, Performance Improvement Process Administrator

RECOMMENDED BY: Original signed by Lew Myers and Joe Hagan  
Lew Myers Joe Hagan

APPROVED BY: Original signed by Gary Leidich DATE: 8/11/04  
Gary Leidich, FENOC President

Revision 00 EFFECTIVE DATE: August 11, 2004

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	PURPOSE	3
2.0	POLICY	3
3.0	REFERENCES	3
4.0	RESPONSIBILITY	3
5.0	MEMBERSHIP	5
6.0	TRAINING	5
7.0	MEETINGS	6
8.0	REVIEWS	7
9.0	RECORDS	8

Scope of Revision

0 Initial Issue

Perry Performance Overview Panel  
Charter  
Revision 00

## 1.0 PURPOSE

This document governs the function of the Performance Overview Panel for the FirstEnergy Nuclear Operating Company's (FENOC) Perry Nuclear Power Plant under the Perry Performance Improvement Initiative.

## 2.0 POLICY

The Performance Overview Panel (POP) shall function to provide an independent oversight and review of plant activities performed as part of the Perry Performance Improvement Initiatives.

The POP shall act to overview plant activities, advising the FENOC Executive Leadership Team on any matter relating to the safe operation of Perry and provide recommendations as appropriate. Subcommittees and other teams may be created to perform specific review functions on behalf of the POP. The POP shall primarily assess the planning and implementation of the Performance Improvement Initiatives.

## 3.0 REFERENCES

3.1 FENOC Quality Assurance Program Manual

3.2 ANSI N18.7-1976/ANS 3.2, Administrative Controls and Quality Assurance for the Operational Phase of Nuclear Power Plants

## 4.0 RESPONSIBILITY

4.1 **The FENOC President** is responsible for:

4.1.1 Appointing the POP chairman and POP membership.

4.1.2 Approval of the POP charter.

4.2 **The Chief Operating Officer (COO)** is responsible for:

4.2.1 Scheduling required meetings.

4.2.2 Providing direction needed for primary interface for Perry activities, reporting to the President of FENOC.

4.2.3 Establishing the agenda for regular and special POP meetings.

4.2.4 Recommending candidates for POP membership, including the alternate POP chairman.

Perry Performance Overview Panel  
Charter  
Revision 00

- 4.3 **The POP Chairman** is responsible for:
  - 4.3.1 Reviewing and recommending the POP Charter for approval.
  - 4.3.2 Appointing POP subcommittee chairmen, alternate chairmen and task force or team members
  - 4.3.3 Conducting POP meetings, which includes development of agenda, selection of regular meeting dates and special meeting dates, as necessary.
  - 4.3.4 Ensuring that POP reviews are performed.
  - 4.3.5 Ensuring the generation of POP meeting minutes.
  
- 4.4 **The Perry Senior Management Team** is responsible for:
  - 4.4.1 Providing members for POP subcommittees as requested.
  - 4.4.2 Responding to recommendations and action items identified by the POP.
  
- 4.5 **POP members and subcommittee members** are responsible for:
  - 4.5.1 Performing in-depth, independent reviews, in areas of their expertise, to identify concerns and carry out the duties defined in this charter.
  - 4.5.2 Making recommendations for Performance Improvement for Perry Nuclear Power Plant.
  
- 4.6 **Performance Improvement Initiative Action Process Administrator** is responsible for:
  - 4.6.1 Serving as the POP Administrator.
  - 4.6.2 Providing the administrative duties necessary to support the implementation of this policy. These duties include, and are not limited to, maintaining this document, ensuring compliance with commitments related to POP activities, documenting meeting minutes, maintaining files, resolving comments as directed by the Chairman and/or the committee members, and maintaining an action list of open items.
  - 4.6.3 Scheduling Performance Improvement team presentations for POP reviews.
  - 4.6.4 Ensuring that actions and issues for presentation to the POP are ready for their review.

Perry Performance Overview Panel  
Charter  
Revision 00

## 5.0 MEMBERSHIP

- 5.1 The POP shall have at least five members, one of which is the Chairman, with membership from FENOC and external industry experts or consultants. In addition to the POP Chairman, membership is comprised of the following:
- FENOC President
  - FENOC Chief Operating Officer
  - FENOC Senior Vice President, Fleet Engineering & Services
  - FENOC Vice President - Oversight
  - FENOC Company Nuclear Review Board(CNRB) external member
  - Corrective Action Review Board (CARB) Chairman
  - External industry expert
- 5.2 Independent reviews may be supplemented through additional industry experts or organizations.
- 5.3 The POP members are selected for their area of expertise. They will be members of the nuclear industry that have many years of industry experience. Members shall have the overall expertise in industry management, nuclear regulatory process, utility experience, and nuclear plant management experience.
- 5.4 POP members may invite non-members to participate in POP meetings with approval of the committee.
- 5.5 Appointment of committee members, chairmen, alternate chairmen and task force members will be documented in the meeting minutes. This serves as formal appointment in writing and is applicable to the POP and associated subcommittees.
- 5.6 POP subcommittees shall have at least two members, one of which is the subcommittee chairman. Unless approved by the FENOC President, the subcommittee chairman should be a POP member.

## 6.0 TRAINING

- 6.1 The POP Administrator shall be responsible to ensure that POP members complete the required site-specific training.

Perry Performance Overview Panel  
Charter  
Revision 00

## 7.0 MEETINGS

### 7.1 Meeting Frequency

Meetings may be scheduled as needed but not less frequently than once per quarter. If a situation requires a special meeting, it may be held by having a quorum physically present or by establishing a quorum by a telephone conference call.

Regularly scheduled meetings shall be held at the Perry site. Special meetings may be held at an alternate location if more accessible on a short notice.

### 7.2 Quorum

A quorum shall consist of not less than four members including the POP Chairman or alternate Chairman. Additionally, it shall be subject to the following constraints:

- The POP Chairman or alternate Chairman shall be present for all meetings
- No alternates shall participate as voting members in POP activities.

### 7.3 Meeting Agenda

Meeting agenda is prepared by the POP Administrator, approved by the POP Chairman or alternate chairman and distributed in advance of the scheduled meeting date. To ensure timely inclusion, POP members should submit items to be considered for the agenda to the POP Administrator at least one (1) week prior to the scheduled meeting.

Items to consider for the agenda include:

Time, date, and location of the meeting  
Discussion/Approval of past minutes  
Performance Improvement Initiative Status  
Subcommittee Reports  
Specific Topics  
Input from others; e.g., Vice Presidents  
Action/Open Items  
Review of actions

The proposed agenda for regularly scheduled meetings should be distributed to:

POP Chairman & members	Other meeting participants and presenters
Davis-Besse Vice President	Personnel as directed by the Chairman

Perry Performance Overview Panel  
Charter  
Revision 00

Beaver Valley Vice President

7.4 Conduct of Meeting

The Chairman shall preside at POP meetings. He shall ensure that action desired by the POP on an item is clearly identified and, if not resolved, carried forward to a future meeting as a recommendation or action item. Discussion on an item will continue until there is consensus on the desired action. When consensus does not exist, the Chairman may request a motion and a vote of the members. Minority positions shall be addressed in the minutes. Majority approval of the members is required to pass a motion.

7.5 Meeting Minutes

7.5.1 Meeting minutes shall be prepared for the POP meeting. Results of subcommittee reviews will be documented in the POP minutes as general discussion in the respective topical areas. The meeting minutes, as a minimum, shall include discussion and recommendations made by the POP.

7.5.2 POP and subcommittee meeting minutes, approved by the Chairman, shall be distributed to the members for review within 30 days of the meeting. Approved meeting minutes are distributed to personnel identified in paragraph 7.3 as applicable. The POP Administrator shall retain the approved POP subcommittee meeting minutes.

7.5.3 Three types of follow-up mechanisms are available. All are to be documented in the meeting minutes. Recommendations and action items require formal tracking and resolution. Resolution can be in the form of a formal presentation at the meeting. The resolution must be reviewed and approved by the committee members and documented in the meeting minutes.

- a. Recommendations are issued by the POP as a result of a safety, reliability or management concern and/or issues that warrant the attention of the FENOC President.
- b. Action items are issues that are raised during the meeting that warrant the attention of Perry Performance Improvement Initiative Owners.
- c. Suggestions are items raised during meetings considered by the POP membership worthy of formal notation but not requiring response as in a. or b. above. They will be documented in the meeting minutes. Formal response is not required and they will not be tracked.

Perry Performance Overview Panel  
Charter  
Revision 00

8.0 REVIEWS

- 8.1 POP members individually performing review of an activity or action shall not have been responsible for that activity or action under review.
- 8.2 The POP may create subcommittees to perform specific review functions on behalf of the POP. Delegated review responsibilities are identified on Attachment 1. Unless directed otherwise, in writing, by the POP Chairman, the subcommittee is expected to function in accordance with this policy.

9.0 RECORDS

- 9.1 There are no quality assurance records for this Board.