

CONDITION REPORT						CR Number 02-00685
TITLE: BORON BUILD UP ON REACTOR VESSEL HEAD						
O R I G I N A T I O N	DISCOVERY DATE	TIME	EVENT DATE	TIME	SYSTEM / ASSET#	
	2/21/2002	11:00	2/21/02	11:00	062-01 T1*RC	
	EQUIPMENT DESCRIPTION REACTOR VESSEL HEAD					
	DESCRIPTION OF CONDITION and PROBABLE CAUSE (If known) Summarize any attachments. Identify what, when, where, why, how. As part of FTI's reactor vessel head work it was identified that there was loose boron 1-2" deep 75% around the circumference of the flange. On the other 25% from stud 16 to 30 (clockwise), the boron was hard baked 3-4" thick on southeast quadrant (x-y axis). The large boron accumulation is in the same region as seen in 12RFO, but not as deep.					
	SUPV COMMENTS / IMMEDIATE ACTIONS TAKEN (Discuss CORRECTIVE ACTIONS completed, basis for closure.) FTI CONTACT: Jim Harris					
QUALITY ORGANIZATION USE ONLY		IDENTIFIED BY (Check one)			ATTACHMENTS	
Quality Org. Initiated <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Individual/Work Group			<input type="checkbox"/> Self-Revealed	
Quality Org. Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Supervision/Management			<input type="checkbox"/> Internal Oversight	
					<input type="checkbox"/> External Oversight	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ORIGINATOR	ORGANIZATION	DATE	SUPERVISOR	DATE	PHONE EXT.	
RING, L	WC	2/21/2002	RING, L	2/21/2002	7196	
P L A N T  O P E R A T I O N S	SRO REVIEW	EQUIPMENT OPERABLE	EVALUATION REQUIRED	IMMEDIATE INVESTIGATION REQUIRED	ORGANIZATION NOTIFIED	MODE CHANGE RESTRAINT
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	MODE	ASSOCIATED TECH SPEC NUMBER(S)	ASSOCIATED LCO ACTION STATEMENT(S)			
			#2			
			#3			
DECLARED INOPERABLE (Date / Time)	REPORTABLE?	One Hour N/A			APPLICABLE UNIT(S)	
N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Four Hour N/A			<input checked="" type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> Both	
	<input type="checkbox"/> Eval Required	Other N/A				
COMMENTS Notified the Boric Acid Control Coordinator and Outage Engineering Manager per NG-EN-00324, Boric Acid Corrosion Control. Will track as a Mode 4 restraint.						
Current Mode - Unit 1	Power Level - Unit 1	Current Mode - Unit 2	Power Level - Unit 2			
5	0					
SRO - UNIT 1		SRO - UNIT 2		DATE		
Steenbergen, C		Ploeger, T		2/22/2002		
C R P A  /  S U P V  /  M R B	CATEGORY / EVAL	ASSIGNED ORGANIZATION	DUE DATE	REPORTABLE?		
	CA	PE	4/7/2002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> LER No.		
	TREND CODES	Comp Type / ID (If Cause T or W)	Resp Org	REPORTABILITY REVIEWER		
	Process / Activity / Cause Code(s)			Wolf, G		
HDW 0575 NA		NONE	DATE			
			02/22/02			
INVESTIGATION OPTIONS				CLOSED BY		DATE
<input type="checkbox"/> Generic Implications <input type="checkbox"/> Part 21 <input type="checkbox"/> Maint.Rule <input type="checkbox"/> OE Evaluation						

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<b>CORRECTIVE ACTION</b>				CR Number: <b>02-00685</b>	
NOP-LP-2001-05					
<b>O R I G I N A T O R</b>	CR Category: CA	Action Type: ( B ) REVIEW	Schedule Type: ( A ) Normal Work Management		CA Number: 1
	Corrective Action Type: ( OT ) Other		Cause Code: ( NA ) Not Applicable		Resp Org: PE
	Description: MODE 4 ADMINISTRATIVE RESTRAINT. This CR has been identified as a Mode Restraint by the Management Review Board (MRB). Please provide the appropriate documentation to clear the Mode Restraint, which may include an evaluation or work completion documents (e.g. WO Completion) by 3/5/02. If the evaluation cannot be completed by this date, the MRB shall approve the new date. Notify Quality Programs when the CAF has been completed to remove the CR from the Mode Restraint list.				
	Completed By: NOWICKI, K		Organization: RA	Date: 2/22/2002	Phone: 8590
<b>ACC- EPT</b>	If a Refueling Outage is required, Enter the Refueling Outage number:		<input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>N/A</u>	Other Tracking # N/A	Corrective Action Due Date: 3/5/2002
	Approval: (Enter Name and Sign) MCALLISTER, A			Section: PE	Date: 2/22/2002
<b>QUAL ITY</b>	Quality Organization Approval:				Date:
<b>I M P L E M E N T I N G  O R G</b>	Response: Ultrasonic testing (UT) performed on the #3 Control Rod Drive Mechanism (CRDM) nozzle (location G9) revealed indications of through wall axial flaws in the weld region. CR 02-00891 was issue to document this condition. Response to the CR will evaluate crack size, location and other aspects of the failure. Boric acid found on the reactor head did not originate from CRDM flanges. This was verified by videotape examination of CRDM flanges performed by FTI/SYME on 2/25/02 and 2/26/02. Since all aspects of nozzle cracking will be discussed in CR 02-00891 response, this CR 02-00685 is closed to CR 02-00891.				
	Corrective Action Implementation Date: <u>3/4/2002</u>				
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: <u>SIEMASZKO, A</u> Date: <u>2/28/2002</u>				
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Implementing Organization Supervisor: _____ Date: _____ <input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: <u>CUNNINGS, J</u> Date: <u>3/4/2002</u>				
<b>Q U E R I E R</b>	Comments:				
	Approval:				Date:

<b>CORRECTIVE ACTION</b>				CR Number: <b>02-00685</b>	
NOP-LP-2001-05					
<b>O R I G I N A T O R</b>	CR Category: CA	Action Type: ( J ) ROLL-OVER	Schedule Type: ( A ) Normal Work Management		CA Number: 2
	Corrective Action Type: ( OT ) Other	Cause Code: ( NA ) Not Applicable			Resp Org: PE
	Description: This CR is being rolled into CR 02-00891.				
	Completed By: NOWICKI, K	Organization: RA	Date: 3/15/2002	Phone: 8590	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>A C C E P T</b>	If a Refueling Outage is required, Enter the Refueling Outage number: <input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>N/A</u>		Other Tracking # N/A	Corrective Action Due Date: 3/15/2002	
	Approval: (Enter Name and Sign) Cunnings, J. for Rogers			Section: PE	Date: 3/25/2002
<b>Q U A L I T Y</b>	Quality Organization Approval:				Date:
<b>I M P L E M E N T I N G  O R G</b>	Response: CAF4 was created under CR 02-00891 to track this action.				
	Corrective Action Implementation Date: <u>3/15/2002</u>				
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: NOWICKI, K Date: 3/15/2002				
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Implementing Organization Supervisor: Date:				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: CUNNINGS, J Date: 3/26/2002				
<b>Q U E R I E S</b>	Comments:				
	Approval:				Date:

<b>CORRECTIVE ACTION</b>				CR Number: <b>02-00685</b>	
NOP-LP-2001-05					
<b>O R I G I N A T O R</b>	CR Category: CA	Action Type: ( W ) ANI REVIEW	Schedule Type: ( A ) Normal Work Management		CA Number: 3
	Corrective Action Type: ( OT ) Other	Cause Code: ( NA ) Not Applicable			Resp Org: ANI
	Description: ANI Review				
	Completed By: SIEMASZKO, A	Organization: PE	Date: 3/15/2002	Phone: 7341	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>A C C E P T</b>	If a Refueling Outage is required, Enter the Refueling Outage number: <input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>N/A</u>		Other Tracking # N/A	Corrective Action Due Date: 3/15/2002	
	Approval: (Enter Name and Sign) LAPS, T			Section: ANI	Date: 3/15/2002
<b>Q U A L I T Y</b>	Quality Organization Approval:				Date:
<b>I M P L E M E N T I N G  O R G</b>	Response: CR 02-00685 has been reviewed and accepted by T. Laps ANII on 03/15/02.				
	Corrective Action Implementation Date: <u>3/15/2002</u>				
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: <u>LAPS, T</u> Date: <u>3/15/2002</u>				
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Implementing Organization Supervisor: _____ Date: _____				
<b>Q U E R I E S  R</b>	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: <u>LAPS, T</u> Date: <u>3/15/2002</u>				
	Comments:				
Approval:					Date:

CAUSE ANALYSIS	CR Number 02-00685
NOP-LP-2001-03	

Category / Eval Code: CA

**Condition Description and Cause Basis:**

Hardware / Degraded Condition Resolution Required?     Yes     No

If Yes, select one

Repair     Scrap  
 Rework     Use-As-Is

This CR is being rolled into CR 02-00891.

<b>Process Code</b> HDW	<b>Trend Codes</b>				
<b>Activity Code</b> 0575	( If cause is T or W )				
	<b>Cause Code</b>	<b>Component Code</b>		<b>Resp Org</b>	
	Primary    NA    Not Applicable	Type	ID#	NONE	None
	Secondary				
	Tertiary				

Completed By: SIEMASZKO, A	Date: 3/15/2002
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# INVESTIGATION SUMMARY

CR Number:

02-00685

NOP-LP-2001-06

Category / Eval: CA      Assigned Organization: PE      Quality Followup Req'd:  Yes  No

Acceptance of the CR Investigation signifies acceptance of the following Items, as applicable:

		Corrective Actions ( listed below )	Originator Identification (listed below, if any)	Date (listed below, if any)
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Cause Analysis	SIEMASZKO, A	3/15/2002
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Generic Implications		
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	10 CFR 21 Decision Checklist		

Acceptance of Investigation:      Date:      Quality Approval:      Date:  
 Cunnings, J. for Rogers      3/25/2002

Closure Comments:

Quality Comments:

## CORRECTIVE ACTIONS

CA Number:	Sched Type:	CA Type:	Cause Code:	Resp Org. Codes:	CA Acceptance:	Accept Date:	Due Date:	Completed Date:
1	A	OT	NA	PE	MCALLISTER, A	2/22/02	3/5/2002	3/4/2002
2	A	OT	NA	PE	Cunnings, J. for Rogers	3/25/02	3/15/2002	3/15/2002
3	A	OT	NA	ANI	LAPS, T	3/15/02	3/15/2002	3/15/2002