

✓ incl 1-2 c

<h1>CONDITION REPORT</h1>					CR Number 02-00891	
TITLE: CONTROL ROD DRIVE NOZZLE CRACK INDICATION						
O R I G I N A T I O N	DISCOVERY DATE	TIME	EVENT DATE	TIME	SYSTEM / ASSET#	
	2/27/2002	1330	2/27/02	1330	064-02 NA	
	EQUIPMENT DESCRIPTION Reactor Vessel Head					
	DESCRIPTION OF CONDITION and PROBABLE CAUSE (If known) Summarize any attachments. Identify what, when, where, why, how. 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. (See report for nozzle #3 per procedure 54-ISI-100-08, M.G. Hacker, dated 2/27/02) These indications represent potential leakage paths. Further characterization will be performed per the Reactor head nozzle action plan using the "top-down" UT tooling.					
	SUPV COMMENTS / IMMEDIATE ACTIONS TAKEN (Discuss CORRECTIVE ACTIONS completed, basis for closure.) The observed cracking is axial only and does not appear to be the type identified in NRC bulletin 2001-01. This CR is reportable as pressure boundary leakage per T.S. 3.4.6.2.a.					
QUALITY ORGANIZATION USE ONLY		IDENTIFIED BY (Check one)			ATTACHMENTS	
Quality Org. Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Individual/Work Group <input type="checkbox"/> Self-Revealed			<input type="checkbox"/> Internal Oversight	
Quality Org. Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Supervision/Management <input type="checkbox"/> External Oversight			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ORIGINATOR	ORGANIZATION	DATE	SUPERVISOR	DATE	PHONE EXT.	
LANG, T	LCM	2/27/2002	LANG, T	2/27/2002	8116	
P L A N T	SRO REVIEW	EQUIPMENT OPERABLE	EVALUATION REQUIRED	IMMEDIATE INVESTIGATION REQUIRED	ORGANIZATION NOTIFIED	MODE CHANGE RESTRAINT
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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)			
	4		#1			
			#2			
O P E R A T I O N S	DECLARED NONOPERABLE (Date / Time)	REPORTABLE?	One Hour N/A		APPLICABLE UNIT(S)	
	2/27/02 1330	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Eval Required	Four Hour N/A		<input checked="" type="checkbox"/> U1 <input type="checkbox"/> U2 <input type="checkbox"/> Both	
	COMMENTS Referred DB-OP-00002, Operations Section Event/Incident Notifications and Actions. Notified Duty Personnel of this reportable condition under 10 CFR 50.72 (b) (3). Notified NRC Operations center at 1540, event # 38732 was assigned to this notification.					
	Current Mode - Unit 1	Power Level - Unit 1	Current Mode - Unit 2	Power Level - Unit 2		
	6	0				
SRO - UNIT 1	SRO - UNIT 2		DATE			
Lewis, A	Koch, S		2/27/2002			
C R P A / S U P V / M R B	CATEGORY / EVAL	ASSIGNED ORGANIZATION	DUE DATE	REPORTABLE?		
	ST	NA	10/14/2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> LER No. 2002-002		
	TREND CODES	Comp Type / ID (If Cause T or W)	Resp Org	REPORTABILITY REVIEWER		
	Process / Activity / Cause Code(s)			Wolf, G		
	HDW 0600			DATE		
			02/27/02			
INVESTIGATION OPTIONS				CLOSED BY		DATE
<input type="checkbox"/> Generic Implications <input type="checkbox"/> Part 21 <input checked="" type="checkbox"/> Maint. Rule <input checked="" type="checkbox"/> OE Evaluation						

M

CONDITION REPORT

CR Number

02-00891

REPORTABILITY DETERMINATION:

Technical Specification 3.4.6.2.a states that Reactor Coolant System leakage shall be limited to no pressure boundary leakage. The indication of through-wall axial flaws in the weld region described in this CR represents pressure boundary leakage of the Reactor Coolant System, and therefore represents a serious degradation of a principal safety barrier. Accordingly, this issue was reported as a non-emergency, 8-hour report in accordance with 10CFR50.72(b)(3)(ii)(A), a condition that resulted in the nuclear power plant, including its principal safety barriers being seriously degraded. This notification was made to the NRC Operations center at 1540 hours on February 27, 2002 as described by the Senior Reactor Operator's comments (reference Event #38732).

10CFR50.73(a)(2)(ii)(A) requires any event or condition that resulted in the condition of the nuclear power plant, including its principle safety barriers, being seriously degraded be reported in a Licensee Event Report (LER). 10CFR50.73(a)(1) requires a LER be submitted within 60 days of the event or discovery of the event. LER 2002-002 is therefore required to be submitted on or before April 29, 2002 (the next working day following the 60-day period).

rgph

CONDITION REPORT EVALUATION/CORRECTIVE ACTION

EXTENSION REQUEST FORM

CR #: 02-00891	CA: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CAF #: 4,6,9
	10,11,13,14	Also extend investigation ^{rgph} _{6/14/02}
CATEGORY: ST	CA TYPE: <input type="checkbox"/> PR <input checked="" type="checkbox"/> RA <input checked="" type="checkbox"/> EA <input checked="" type="checkbox"/> OT <input type="checkbox"/> CM	
ASSIGNED ORGANIZATION: NA		
CURRENT DUE DATE: 06/14/02	REQUESTED DUE DATE: 10/14/02	

REASON FOR EXTENSION: Provide a description of the reason an extension to the due date is requested.

CR 02-00891 (first CRDM crack that was found) is the host document for resolution of issues related to cracks in the CRDM nozzles and corrosion on the Reactor Head. As such, several other CRs have been folded into it, including CR 02-00685 and CR 02-00846 (presence of boric acid on the Reactor head and flange, CR 02-00932 (remainder of CRDM nozzle cracks), CR 02-01053 (machine tool rotation on nozzle #3), CR 02-1128 (Reactor head degradation), and CR 02-01583 (additional affected areas). A root cause team, including industry experts from Framatome, EPRI, Dominion Engineering, Beta labs, Davis Besse, and other FENOC sites have prepared a root cause report. This root cause report has been submitted to the NRC. However, the root cause investigation for the CR needs additional time to address CR programmatic requirements, to include the additional CRs, and to formulate corrective actions. This extension request is also extending the due dates of CA#4, 6, 9,10,11,13,&14

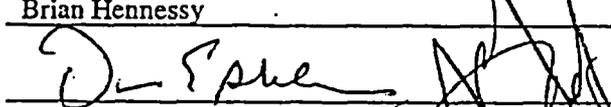
RISK ANALYSIS: Does this date extension impact the function or availability of an asset modeled in the site Probabilistic Risk Assessment (PRA) or of Risk Significant Systems, Structures or Components (SSC's)? (Refer to applicable Maintenance Rule System Scoping Sheets and NG-DB-00001 for additional guidance.)

YES NO

JUSTIFICATION: Regardless of the answer to the Risk Analysis question above, provide a justification (basis) for the requested due date extension taking into account any risk significance. State the risks considered and the actions that are being implemented, if any, to mitigate this risk.

Although the function of the reactor head is within the scope of the PSA, "No" is marked above because the plant is being kept in a mode where the function is not required until the root cause is completed and Operability of the system is restored. Therefore, a delay in completing the root cause has no negative effect on the overall risk.

Prepared by: Brian Hennessy Date: 06/05/02

Approved by:  for HWB Date: 6/5/02 6/5/02

QA Approval: _____ Date: _____

(Only required if CR is Initiated by an Audit Finding and is an SCAQ)

Fax 301-816-5151
 Leigh Trocine
 Event # 38732

REACTOR PLANT EVENT NOTIFICATION WORKSHEET

NRC OPERATION TELEPHONE NUMBER: PRIMARY: 1-800-532-3469
 BACKUPS - (1) 301-951-0550 (2) 301-415-0550 (3) 301-816-5100

NOTIFICATION TIME 1542 hrs	FACILITY OR ORGANIZATION Davis-Besse Nuclear Power Station	UNIT 1	NAME OF CALLER Dale Miller	CALL BACK NUMBER 419-321-8888
-------------------------------	---	-----------	-------------------------------	----------------------------------

EVENT TIME AND ZONE 1330	EVENT DATE 2/27/02	POWER/MODE BEFORE 0/6	POWER/MODE AFTER 0/6
-----------------------------	-----------------------	--------------------------	-------------------------

EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b) (1)		<input type="checkbox"/>	(v)(A) Safe S/D Capability	AINB		
<input type="checkbox"/>	GENERAL EMERGENCY	GEN/AAEC	<input type="checkbox"/>	TS Deviation (50.54x)	ADEV	<input type="checkbox"/>	(v)(B) RHR Capability	AINB
<input type="checkbox"/>	SITE AREA EMERGENCY	SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b) (2)		<input type="checkbox"/>	(v)(C) Control of Rad Release	AINC	
<input type="checkbox"/>	ALERT	ALE/AAEC	<input type="checkbox"/>	(i) TS Required S/D	ASHU	<input type="checkbox"/>	(v)(D) Accident Mitigation	AIND
<input type="checkbox"/>	UNUSUAL EVENT	UNU/AAEC	<input type="checkbox"/>	(iv)(A) ECCS Discharge to RCS	ACCS	<input type="checkbox"/>	(x)(i) Offsite Medical	AMED
<input checked="" type="checkbox"/>	50.72 NON-EMERGENCY	see next columns	<input type="checkbox"/>	(iv)(B) RPS Actuation (scram)	ARPS	<input type="checkbox"/>	(x)(ii) Loss Comm/Asmt/Resp	ACOM
<input type="checkbox"/>	PHYSICAL SECURITY (73.71)	DDDD	<input type="checkbox"/>	(xi) Offsite Notification	APRE	60-Day Optional 10 CFR 50.73 (a)(1)		
<input type="checkbox"/>	MATERIAL/EXPOSURE		8-Hr. Non-Emergency 10 CFR 50.72(b) (3)		<input type="checkbox"/>	Invalid Specified System Actuation		AINV
<input type="checkbox"/>	FITNESS FOR DUTY	HFIT	<input checked="" type="checkbox"/>	(ii)(A) Degraded Condition	ADEG	Other Specified Requirement (Identify)		
<input type="checkbox"/>	OTHER UNSPECIFIED REQMT.	see last column	<input type="checkbox"/>	(ii)(B) Unanalyzed Condition	AUNA	<input type="checkbox"/>		NONR
<input type="checkbox"/>	INFORMATION ONLY	NNF	<input type="checkbox"/>	(iv)(A) Specified System Actuation	AESF	<input type="checkbox"/>		NONR

DESCRIPTION

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)

<p>On February 26, 2002, following shutdown for a scheduled refueling outage, the Davis-Besse Nuclear Power Station performed a qualified visual examination of the Reactor Vessel head per NRC Bulletin 2001-01. This examination revealed evidence of boric acid build up around Control Rod Drive Mechanism (CRDM) nozzles but was inconclusive due to the previous known boric acid deposits. At approximately 1330 hours on February 27, 2002 Ultrasonic Testing (UT) data identified axial through weld indications on one CRDM. Engineering evaluation of this data confirmed Reactor Coolant System pressure boundary leakage exists. Technical Specification 3.4.6.2.a states that Reactor Coolant System leakage shall be limited to no pressure boundary leakage. As a result this is being reported as a non-emergency, 8-hour report in accordance with 10CFR50.72(b)(3)(ii)(a), a condition that resulted in the nuclear power plant, including its principal safety barriers being seriously degraded.</p> <p><i>Inspections are continuing on other nozzles.</i></p>	4-Hr Non-Emergency Involving Spent Fuel 10 CFR 72.75(b)	
	<input type="checkbox"/>	(1) An event that prevents immediate actions necessary to avoid exposures or releases that exceed regulatory limits (e.g. fire or explosion).
	<input type="checkbox"/>	(2) A defect in any Spent Fuel Storage SCC
	<input type="checkbox"/>	(3) A significant reduction in the effectiveness of any Spent Fuel Storage System.
	<input type="checkbox"/>	(4) An action taken that departs from the COC necessary to protect the health and safety of the public.
	<input type="checkbox"/>	(5) An event that requires medical treatment at an offsite facility of a contaminated individual.
<input type="checkbox"/>	(6) A fire or explosion that affects the integrity of spent fuel or its container.	

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above)	<input checked="" type="checkbox"/> NO
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)
STATE OF OHIO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDIA/PRESS RELEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MODE OF OPERATION UNTIL CORRECTED:	ESTIMATED RESTART DATE:	ADDITIONAL INFO ON NEXT PAGE?
OTHER GOV AGENCIES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	March 23, 2002	

REACTOR PLANT EVENT NOTIFICATION WORKSHEET

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description).

<input type="checkbox"/>	LIQUID RELEASE	<input type="checkbox"/>	GASEOUS RELEASE	<input type="checkbox"/>	UNPLANNED RELEASE	<input type="checkbox"/>	PLANNED RELEASE	<input type="checkbox"/>	ONGOING	<input type="checkbox"/>	TERMINATED
<input type="checkbox"/>	MONITORED	<input type="checkbox"/>	UNMONITORED	<input type="checkbox"/>	OFFSITE RELEASE	<input type="checkbox"/>	ODCM EXCEEDED	<input type="checkbox"/>	RM ALARMS	<input type="checkbox"/>	AREAS EVACUATED
<input type="checkbox"/>	PERSONNEL EXPOSED OR CONTAMINATED			<input type="checkbox"/>	OFFSITE PROTECTIVE ACTIONS RECOMMENDED			*State release path in description			

	RELEASE RATE (Ci/sec)	% ODCM LIMIT	HOO GUIDE	TOTAL ACTIVITY (Ci)	% ODCM LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

	PLANT STACK	CONDENSER/AIR INJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER
RAD MONITOR READINGS					
ALARM SETPOINTS					
% ODCM LIMIT (# applicable)					

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description).

LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.)
Reactor Vessel Head (CRDM Nozzle 3)

LEAK RATE Pressure Boundary leakage	UNITS: gpm/gpd unknown	T.S. LIMITS None	SUDDEN OR LONG-TERM DEVELOPMENT Long term	
LEAK START DATE unknown	TIME unknown	COOLANT ACTIVITY AND UNITS:	PRIMARY	SECONDARY

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL

EVENT DESCRIPTION (continued from page 1)



NONCONFORMANCE REPORT WORKING INSTRUCTION WI-9

NCR# 6014069 REV.# 00 PAGE 1 OF 2

SECTION 1 INITIATION

CONTRACT #: 1231216 CUSTOMER/SITE/UNIT: FENOC / Davis Besse

TECHNICAL DOCUMENT#: 50-5015342-00 SEQUENCE/STEP #: 160

DESCRIPTION OF NONCONFORMANCE/CONDITION: QA INITIATED

During the machining of nozzle #3 (drive G9) the machining tool rotated after machining ~ 4" of the nozzle length indicating the nozzle was loose in the penetration. All machining was stopped. Video inspection of the nozzle indicated massive amount of base material erosion ~ 180 degrees circumference of the bore. All work associated with the Process Traveler is on hold.

INITIATOR: Pete Strubhar DATE/TIME: 03/05/2002 6:00 PM TAG PLACED YES NO
(NAME)

SENT TO: Fred Snow REQUESTED COMPLETION DATE: TBD
(NAME)

SECTION 2 RESOLUTION AND DISPOSITION

NCR CLASSIFICATION: SAFETY-RELATED NON SAFETY-RELATED ASME CODE

SIGNIFICANCE LEVEL: I II III NONE

DISPOSITION OF NCR: REWORK/REINSPECT REPAIR/RE-INSPECT USE AS IS

REPLACE OTHER

DISPOSITION:

- Follow Instructions per FENOC / Davis Besse work order to investigate options and understand the scope of the erosion.
- Report additional information on Rev 01 of this NCR.

CAUSE: Material CAR/RO REQUIRED YES NO NUMBER _____
VENDOR (if applicable) _____

PREVENTATIVE ACTIONS:
None - As found condition.

APPLICABLE TO OTHER CONTRACTS: YES NO

RESOLUTION:
None

AFFECTED ORGANIZATION: _____ CR&R _____ SCHEDULED COMPLETION DATE: 3/7/02

RESPONSIBLE INDIVIDUAL/ENGINEER: Fred Snow _____
(SIGNATURE) (NAME) (DATE)

APPROVAL REQUIRED: ANI/ANII CUSTOMER QA AI INSPECTOR



**NONCONFORMANCE REPORT CONTINUATION
WORK INSTRUCTION WI-9**

NCR# 6014069 REV.# 00 PAGE 2 OF 2

SECTION 3 DISPOSITION APPROVAL

REVIEWER:	<u>[Signature]</u> (SIGNATURE)	<u>KB Stucky</u> (NAME)	<u>3/7/02</u> (DATE)
UNIT MANAGER: (See Note 1 Below)	<u>[Signature]</u> (SIGNATURE)	<u>Dave Waskey</u> (NAME)	<u>3-7-02</u> (DATE)
CUSTOMER APPROVAL: (If required)	<u>[Signature]</u> (SIGNATURE)	<u>Mark McLaughlin</u> (NAME)	<u>3/7/02</u> (DATE)
ANI/ANVA / Inspector Review (If required)	<u>[Signature]</u> (SIGNATURE)	<u>THOMAS G. LAPS</u> (NAME)	<u>3/8/02</u> (DATE)
QA Approval (If required)	_____ (SIGNATURE)	_____ (NAME)	_____ (DATE)

Note: 1: For significance Level I and II NCRs, the Unit Manager's signature indicates that the CAR/RO actions have been completed or for a CAR that work may continue.

SECTION 4 DISPOSITION COMPLETION

THE DISPOSITION ACTIONS SPECIFIED IN SECTION 2 HAVE BEEN COMPLETED.

VERIFIED BY:	_____ (SIGNATURE)	_____ (NAME)	_____ (DATE)
QA VERIFICATION: (If required)	_____ (SIGNATURE)	<u>NA</u> (NAME)	_____ (DATE)

SECTION 5 PREVENTATIVE ACTION COMPLETION

THE PREVENTATIVE ACTIONS SPECIFIED IN SECTION 2 HAVE BEEN COMPLETED. THIS NCR IS CLOSED.

VERIFIED BY:	_____ (SIGNATURE)	_____ (NAME)	_____ (DATE)
QA VERIFICATION: (If required)	_____ (SIGNATURE)	<u>NA</u> (NAME)	_____ (DATE)

DISTRIBUTION

Project Engineer	Records Management - - T5.16	Other
Unit Technical Manager	QA	Specify

CONDITION REPORT EVALUATION/CORRECTIVE ACTION

EXTENSION REQUEST FORM

CR #: 02-00891	CA : <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, CAF #:
CATEGORY: ST	CA TYPE: <input type="checkbox"/> PR <input type="checkbox"/> RA <input type="checkbox"/> EA <input type="checkbox"/> OT <input type="checkbox"/> CM	
ASSIGNED ORGANIZATION: LCM		
CURRENT DUE DATE: 03/29/02	REQUESTED DUE DATE: 04/26/02	

REASON FOR EXTENSION: Provide a description of the reason an extension to the due date is requested.

CR 02-00891 has become the host document for resolution of several other CRs related to cracks in CRDM nozzles and resultant effects, including CR 02-00685, 02-00846, 02-00932, 02-01053, and 02-1128. The last of these CRs, CR 02-1128 deals with the boric acid corrosion issue on the Reactor Head and was issued on 3/8/02 at the "ST" level, with original due date of 4/7/02. The root cause team, including industry experts from Framatome, EPRI, Dominion Engineering, Beaver Valley, Beta labs, and Davis Besse has been actively preparing the root cause report. However, due to the scope of the effort, including overall site and NRC involvement, the standard time allocation per NOP-LP-02001 is not sufficient to complete the task.

RISK ANALYSIS: Does this date extension impact the function or availability of an asset modeled in the site Probabilistic Risk Assessment (PRA) or of Risk Significant Systems, Structures or Components (SSC's)? (Refer to applicable Maintenance Rule System Scoping Sheets and NG-DB-00001 for additional guidance.)

YES NO

JUSTIFICATION: Regardless of the answer to the Risk Analysis question above, provide a justification (basis) for the requested due date extension taking into account any risk significance. State the risks considered and the actions that are being implemented, if any, to mitigate this risk.

Although the function of the reactor head is within the scope of the PSA, "No" is marked above because the plant is being kept in a mode where the function is not required until the root cause is completed and Operability of the system is restored. Therefore, a delay in completing the root cause has no negative effect on the overall risk.

Prepared by: Ted Lang *Ted Lang* Date: 04/02/02

Approved by: *Howard W Bergendahl* per Telecon *SK Dhruv* Date: 4/02/02

QA Approval: _____ Date _____

(Only required if CR is initiated by an Audit Finding and is an SCAQ)

Rev. 01

CONDITION REPORT EVALUATION/CORRECTIVE ACTION

*Kmr
4/24/02*

EXTENSION REQUEST FORM

CR #: 02-00891	CA: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CAF #: 4,6,9
CATEGORY: ST	CA TYPE: <input type="checkbox"/> PR <input type="checkbox"/> RA <input type="checkbox"/> EA <input checked="" type="checkbox"/> OT <input type="checkbox"/> CM	
ASSIGNED ORGANIZATION: LCM <i>this is for the evaluation also - Kmr 4/25/02</i>		
CURRENT DUE DATE: 04/26/02	REQUESTED DUE DATE: 06/14/02	

REASON FOR EXTENSION: Provide a description of the reason an extension to the due date is requested.

CR 02-00891 (first CRDM crack that was found) is the host document for resolution of issues related to cracks in the CRDM nozzles and corrosion on the Reactor Head. As such, several other CRs have been folded into it, including CR 02-00685 and CR 02-00846 (presence of boric acid on the Reactor head and flange, CR 02-00932 (remainder of CRDM nozzle cracks), CR 02-01053 (machine tool rotation on nozzle #3), CR 02-1128 (Reactor head degradation), and CR 02-01583 (additional affected areas). A root cause team, including industry experts from Framatome, EPRI, Dominion Engineering, Beta labs, Davis Besse, and other FENOC sites have prepared a root cause report. This root cause report has been submitted to the NRC. However, the root cause investigation for the CR needs additional time to address CR programmatic requirements, to include the additional CRs, and to formulate corrective actions. This extension request is also extending the due dates of CA#4, 6, and 9 (for rollover CRs listed above) from 4/26/02 to 6/14/02.

RISK ANALYSIS: Does this date extension impact the function or availability of an asset modeled in the site Probabilistic Risk Assessment (PRA) or of Risk Significant Systems, Structures or Components (SSC's)? (Refer to applicable Maintenance Rule System Scoping Sheets and NG-DB-00001 for additional guidance.)

YES NO

JUSTIFICATION: Regardless of the answer to the Risk Analysis question above, provide a justification (basis) for the requested due date extension taking into account any risk significance. State the risks considered and the actions that are being implemented, if any, to mitigate this risk.

Although the function of the reactor head is within the scope of the PSA, "No" is marked above because the plant is being kept in a mode where the function is not required until the root cause is completed and Operability of the system is restored. Therefore, a delay in completing the root cause has no negative effect on the overall risk.

Prepared by: Ted Lang *Ted Lang* Date: 04/23/02

Approved by: *[Signature]* Date: *4/24/02* 4/26/02

QA Approval: _____ Date: _____

(Only required if CR is initiated by an Audit Finding and is an SCAQ)

CR 02-00891 items needed to be completed prior to closing the evaluation.

Understand the intent of the hardware analysis and align the corrective actions (CA) to the causes identified in the report, document the CA Owner, due date, and type of action such as Preventative, Remedial, or Enhancement and then obtain concurrence from (Steve) the team on changes made.

Document the Hardware extent of Condition Plan actions.

Document the Human Performance or non-hardware extent of Condition Plan actions.

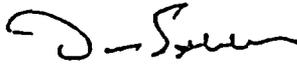
Document the Effectiveness Review required actions.

Perform the non-hardware Human Performance Evaluation documenting the root and contributing causes and corrective actions, owner, due date and type of action.

Perform and document the Corrective Action Evaluation and any root and contributing causes and corrective actions, owner, due date and type of action.

Enter the data into CREST

Obtain Approvals.

A handwritten signature in black ink, appearing to read "D. S. ...".

4-24-02

CONDITION REPORT EVALUATION/CORRECTIVE ACTION

LCM

EXTENSION REQUEST FORM

CR #: 02-00891	CA: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CAF #: 3
CATEGORY: ST	CA TYPE: <input type="checkbox"/> PR <input type="checkbox"/> RA <input type="checkbox"/> EA <input checked="" type="checkbox"/> OT <input type="checkbox"/> CM	
ASSIGNED ORGANIZATION: LCM		
CURRENT DUE DATE: 04/30/02	REQUESTED DUE DATE: 12/05/02	

REASON FOR EXTENSION: Provide a description of the reason an extension to the due date is requested.

CR 02-00891 is the host CR that resolves most of the CRDM nozzle cracking and reactor head corrosion issues. CA #3 was written to perform an effectiveness review. This review is normally done at a time interval of up to approximately a year following the implementation of corrective actions. The present due date was entered too early to properly assess the effectiveness of the actions.

RISK ANALYSIS: Does this date extension impact the function or availability of an asset modeled in the site Probabilistic Risk Assessment (PRA) or of Risk Significant Systems, Structures or Components (SSC's)? (Refer to applicable Maintenance Rule System Scoping Sheets and NG-DB-00001 for additional guidance.)

YES NO

JUSTIFICATION: Regardless of the answer to the Risk Analysis question above, provide a justification (basis) for the requested due date extension taking into account any risk significance. State the risks considered and the actions that are being implemented, if any, to mitigate this risk.

There is no risk associated with the requested extension. Since it acts as a verification that corrective actions are appropriate and functional (and that verification will require time in order to be effective itself) the extension is appropriate.

Prepared by: Ted Lang *Ted Lang* Date: 4/23/02

Approved by: *E. D. DBL* Date: 4/23/02

QA Approval: _____ Date: _____

(Only required if CR is initiated by an Audit Finding and is an SCAQ)

km

CONDITION REPORT EVALUATION/CORRECTIVE ACTION

EXTENSION REQUEST FORM

CR #: ⁰² 00 -00891	CA: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CAF #: 10
CATEGORY: SCAQ-ST	CA TYPE: <input type="checkbox"/> PR <input type="checkbox"/> RA <input checked="" type="checkbox"/> EA <input type="checkbox"/> OT <input type="checkbox"/> CM	
ASSIGNED ORGANIZATION: LCM		
CURRENT DUE DATE: 5/20/02	REQUESTED DUE DATE: 6/14/02 7/12/02 <i>EBB</i>	

REASON FOR EXTENSION: Provide a description of the reason an extension to the due date is requested.

CR 02-00891 has had a preliminary root cause performed, but is continuing to develop with respect to extent of condition and corrective actions. This action is to provide a comprehensive OE to replace/augment previous OEs on this topic, including relevant management issues and any corrections to earlier information if required. It is desired to complete a final OE that does not require further revision to close this action. The current due date for the CR investigation is 6/14/02.

RISK ANALYSIS: Does this date extension impact the function or availability of an asset modeled in the site Probabilistic Risk Assessment (PRA) or of Risk Significant Systems, Structures or Components (SSC's)? (Refer to applicable Maintenance Rule System Scoping Sheets and NG-DB-00001 for additional guidance.)

YES NO

JUSTIFICATION: Regardless of the answer to the Risk Analysis question above, provide a justification (basis) for the requested due date extension taking into account any risk significance. State the risks considered and the actions that are being implemented, if any, to mitigate this risk.

Previous OEs (as of 4/9/02) that have been issued are: OE13398, OE13454, OE13480, OE13514. Through these OEs and several other documents including NRC Bulletin 2002-01, the industry is well aware of the issue. Issuance of the OE has no risk significance and does not affect the PRA or any SSC.

Prepared by: *Ted Lang (TED LANG)* Date: 5/16/02

Approved by: *E. D. B. L.* Date: 5/16/02

QA Approval: _____ Date _____
(Only required if CR is initiated by an Audit Finding and is an SCAQ)

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (O) OE	Schedule Type: (A) Normal Work Management		CA Number: 1
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable		Resp Org: LCM
	Description: Determine if an OE evaluation is required via NG-NA-00305. If you have questions, please contact John Johnson at 8345. CR 02-01053, which is being rolled into this CR, also includes an action to evaluate for an OE. Please consider this also in your response.				
	Completed By: NOWICKI, K	Organization: RA	Date: 2/28/2002	Phone: 8590	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACC- EPT	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: 4/12/02
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 4/2/2002
QUAL- ITY	Quality Organization Approval:				Date:
I M P L E M E N T I N G O R G	Response: AN OE evaluation is required for this event. However, to date, several OE's and updates have already been issued (in addition to NRC bulletin 2002-01 and Info Notice 2002-13). The OEs include: OE13398, Control Rod Drive Mechanism Nozzle Circumferential Flaws and Material Void at Davis-Besse, 3/11/02 OE13454, Update to OE13398, 3/19/02 OE13480, Update to OE13454, 3/26/02 OE13514, Update to OE13480, 4/03/02 These documents have provided a continuing source of fresh information as it became available. However, a comprehensive summary OE, including pertinent management issues, would be advantageous. Therefore, a new Corrective action will be entered to accomplish that objective. <div style="text-align: right;">Corrective Action Implementation Date: <u>4/9/02</u></div>				
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: LANG, T Date: 4/9/2002				
	<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: LANG, T Date: 4/9/2002				

CORRECTIVE ACTION

CR Number:

02-00891

NOP-LP-2001-05

Q
V
U
E
R
A
R
I
L
I
F
I
T
I
V
E
R

Comments:

Approval:

Date:

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (K) OTHER	Schedule Type: (A) Normal Work Management		CA Number: 2
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable		Resp Org: LCM
	Description: The MRB requests that this event be evaluated for potential maintenance rule functional failure in accordance with the Maintenance Rule Program Manual. Please document why or why not the failure is a functional failure. If you need assistance, contact the Maintenance Rule Coordinator, Gary Melssen, at extension 7697.				
	Completed By: NOWICKI, K		Organization: RA	Date: 2/28/2002	Phone: 8590
A C C E P T	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: 4/26/02	
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 4/2/2002
Q U A L I T Y	Quality Organization Approval:				Date:
I M P L E M E N T I N G	Response: This condition is considered a Maintenance Rule Functional Failure since the RCS pressure barrier was not maintained. This is indicated by the Pressure Boundary Leakage being greater than the zero leakage as allowed by Tech Specs. This was determined in a Maintenance Rule Expert Panel meeting on 3/21/02. Based on the Performance Criteria of no Functional Failures allowed for Function #1, the RCS has been placed in (a)(1) status.				
	Corrective Action Implementation Date: <u>4/9/02</u>				
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: LANG, T Date: 4/9/2002				
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Implementing Organization Supervisor: Date:				
O R G	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: LANG, T Date: 4/23/2002				
	Comments:				
Q U E R I E S	Approval:				Date:

CORRECTIVE ACTION				CR Number: 02-00891		
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: ST	Action Type: (E) EFFECTIVENESS REVIEW	Schedule Type: (A) Normal Work Management		CA Number: 3	
	Corrective Action Type: (OT) Other	Cause Code: (NA) Not Applicable			Resp Org: LCM	
	Description: Perform an Effectiveness Review in accordance with Attachment 15 of the Davis-Besse Condition Report Programmatic Guideline. Submit the Effectiveness Review to the Corrective Action Review Board (CARB) for approval.					
	Completed By: NOWICKI, K	Organization: RA	Date: 2/28/2002	Phone: 8590	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ACC- EPT	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: 12/5/02		
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 4/2/2002	
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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____					
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____					
Q V E A R L I F I E R	Comments:					
	Approval:				Date:	

CORRECTIVE ACTION				CR Number: 02-00891		
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: ST	Action Type: (J) ROLL-OVER	Schedule Type: (A) Normal Work Management		CA Number: 4	
	Corrective Action Type: (OT) Other	Cause Code: (NA) Not Applicable			Resp Org: LCM	
	Description: This Condition Report will address the issues identified in CR 02-00685 and 02-00846.					
	Completed By: CHILDRESS, S	Organization: RA	Date: 3/4/2002	Phone: 8507	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ACC- EPT	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: 10/14/02		
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 4/2/2002	
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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____					
Q V E R I F I E R	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____					
	Comments:					
	Approval:				Date:	

CORRECTIVE ACTION						CR Number: 02-00891	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category:	Action Type:	Schedule Type:		CA Number:		
	ST	(B) REVIEW	(A) Normal Work Management		5		
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable			Resp Org: LCM	
	Description: MODE 5 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 3/6/02. 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: 3/4/2002	Phone: 8590	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A C C E P T	If a Refueling Outage is required, Enter the Refueling Outage number:		<input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>13RFO</u>	Other Tracking # N/A	Corrective Action Due Date: 3/8/02		
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 3/5/2002		
Q U A L I T Y	Quality Organization Approval:				Date:		
I M P L E M E N T I N G	Response: This item was discussed with the night outage engineering manager. Completion of repairs to the CRDM nozzles will require a considerable effort and is being thoroughly tracked on its own under MWO 01-5072. Therefore, this particular action should be closed and the mode restraint moved to completion of that MWO. (There should be a mode 5 restraint against completion of MWO 01-5072.)						
	Corrective Action Implementation Date:						<u>3/5/02</u>
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: LANG, T Date: 3/5/2002						
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAO CRs: Implementing Organization Supervisor: Date:						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: LANG, T Date: 3/5/2002						
Q U E R I E S	Comments:						
	Approval:						Date:

CORRECTIVE ACTION				CR Number: 02-00891		
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: ST	Action Type: (J) ROLL-OVER	Schedule Type: (A) Normal Work Management		CA Number: 6	
	Corrective Action Type: (OT) Other	Cause Code: (NA) Not Applicable			Resp Org: LCM	
	Description: MRB NOTE: This CR will include the evaluation for CR 02-00932.					
	Completed By: NOWICKI, K	Organization: RA	Date: 3/6/2002	Phone: 8590	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
A C C E P T	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: 10/14/02	
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 4/2/2002	
Q U A L I T Y	Quality Organization Approval:				Date:	
I M P L E M E N T I N 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 SCAO CRs:					
Implementing Organization Supervisor:			Date:			
O R G	<input checked="" type="checkbox"/> Enter Name and Sign:					
	Implementing Organization Approval:			Date:		
Q U E R I E R	Comments:					
	Approval:			Date:		

CORRECTIVE ACTION				CR Number:	
NOP-LP-2001-05				02-00891	
O R I G I N A T O R	CR Category: ST	Action Type: (B) REVIEW	Schedule Type: (A) Normal Work Management		CA Number: 7
	Corrective Action Type: (OT) Other	Cause Code: (NA) Not Applicable			Resp Org: MAIN
	Description: Complete repairs to the CRDM nozzles under MWO 01-005072-000.				
	Completed By: NOWICKI, K	Organization: RA	Date: 3/6/2002	Phone: 8590	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACC- EPT	If a Refueling Outage Is required, Enter the Refueling Outage number:		<input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>13RFO</u>	Other Tracking # 01-005072-000	Corrective Action Due Date: 6/30/02
	Approval: (Enter Name and Sign) ONEILL, J			Section: MAIN	Date: 3/6/2002
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:					
Implementing Organization Supervisor:			Date:		
<input checked="" type="checkbox"/> Enter Name and Sign:					
Implementing Organization Approval:			Date:		
Q V E R I F I E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (J) ROLL-OVER	Schedule Type: (A) Normal Work Management		CA Number: 8
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable		Resp Org: NA
	Description: This condition report will investigate and disposition the condition identified under Framatome Nonconformance Report 6014069, Rev 00.				
	Completed By: ONEILL, J		Organization: RA	Date: 3/8/2002	Phone: 7949
ACC- EPT	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: 4/29/02
	Approval: (Enter Name and Sign) LANG, T			Section: NA	Date: 4/16/2002
QUAL- ITY	Quality Organization Approval:				Date:
I M P L E M E N T I N G O R G	Response: Framatome NCR 6014069 describes the machine tool rotating due to nozzle #3 being loose and notes the existence of the corrosion cavity around the nozzle #3 bore. CR 02-01053 was specifically written to investigate the machine tool movement at nozzle #3, and was closed to this CR (see CA #9 and CA #1). The fact that the machine tool rotated is simply a symptom of the extensive corrosion and is not itself a significant issue. The originally envisioned repair (that was attempted prior to knowledge of the corrosion void) was to roll (expand) the nozzle in the bore to make sure it was secure in place without the weld. Then mount and affix the machine tool to the nozzle and machine off the lower portion of the nozzle, up through the weld, and just past the maximum extent of the cracks to reach "solid" nozzle material. The shortened nozzle would then have been welded higher in the bore than the original weld with a temper bead weld process. The nozzle was supposed to be held captive during machining by the roll expansion against the nozzle bore. However, with the corrosion that was present, the nozzle was only held in place by the J-groove weld even after rolling. Thus, as the machining progressed to where the weld was cut, the nozzle and the affixed machine were no longer secured, and they rotated. The significant issue is the corrosion around nozzle #3. That corrosion is the focus of the root cause report for this CR, which includes remedial action, numerous CATPR actions, extent of condition, etc. Because the machine rotation is understood and is not significant in itself, and because the corrosion issue is already covered by this CR (therefore this CA serves no other purpose), this CA should be considered complete. Corrective Action Implementation Date: <u>4/16/02</u>				
	<input checked="" type="checkbox"/> Signature indicates Corrective Action complete; Completed By: LANG, T Date: 4/16/2002				
	<input checked="" type="checkbox"/> Signature indicates verification for SCAO CRs:				

CORRECTIVE ACTION

CR Number:

NOP-LP-2001-05

02-00891

Implementing Organization Supervisor:

Date:

Enter Name and Sign:

Implementing Organization Approval: LANG, T

Date: 4/23/2002

Q V
U E
A R
L I
I F
T I
Y E
R

Comments:

Approval:

Date:

CORRECTIVE ACTION						CR Number: 02-00891		
O R I G I N A T O R	CR Category: ST		Action Type: (J) ROLL-OVER		Schedule Type: (A) Normal Work Management		CA Number: 9	
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable				Resp Org: LCM	
	Description: This CR will include the evaluations for CRs 02-01128 and 02-01053. MRB NOTE from CR 02-01053: Make sure you address that the CRDM moved 15 degrees.							
	Completed By: NOWICKI, K		Organization: RA	Date: 4/2/2002	Phone: 8590	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
ACC- EPT	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: 10/14/02			
	Approval: (Enter Name and Sign) LANG, T				Section: LCM	Date: 4/2/2002		
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:							
Implementing Organization Supervisor:				Date:				
<input checked="" type="checkbox"/> Enter Name and Sign:								
Implementing Organization Approval:				Date:				
Q V E R I F I E R	Comments:							
	Approval:				Date:			

CORRECTIVE ACTION					CR Number: 02-00891	
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: ST	Action Type: (O) OE	Schedule Type: (A) Normal Work Management		CA Number: 10	
	Corrective Action Type: (EA) Enhancement Action		Cause Code: (NA) Not Applicable			Resp Org: LCM
	Description: Provide a comprehensive OE to replace/augment previous OEs on this topic, including relevant management issues and any corrections to earlier information if required. Previous OEs (as of 4/9/02), are: OE13398 OE13454 OE13480 OE13514					
	Completed By: LANG, T		Organization: LCM	Date: 4/9/2002	Phone: 8116	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ACC- EPT	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: 10/14/02	
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 4/9/2002	
QUAL- ITY	Quality Organization Approval:				Date:	
I M P L E M E N T I N 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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____					
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____					
Q V E R I F I C A T I O N	Comments:					
	Approval:				Date:	

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (J) ROLL-OVER	Schedule Type: (A) Normal Work Management		CA Number: 11
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable		Resp Org: LCM
	Description: MRB NOTE: This CR will include address the issues identified in CR 02-1489 LCM Note: Acceptance of this CA is based on simply reporting/evaluating "clean" inspection results in the extent of condition section of the root cause report. CR 02-01489 corrective action will drive performance of the inspection of the lower head/incore nozzles. If any adverse condition is found, it will require issuance of a new CR. Further, CR02-00891 will not necessarily include provision for (or consideration of need for) continuing periodic inspection of the lower head region. TAL				
	Completed By: NOWICKI, K		Organization: RA	Date: 4/9/2002	Phone: 8590
ACC- EPT	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: 10/14/02	
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 5/20/2002
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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
Q V A R I F I C A T I O N	Comments:				
	Approval:				Date:

CORRECTIVE ACTION

CR Number:

02-00891

NOP-LP-2001-05

O R I G I N A T O R	CR Category: ST	Action Type: (J) ROLL-OVER	Schedule Type: (A) Normal Work Management		CA Number: 13
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable		Resp Org: LCM
	Description: This CR will include the evaluation for CR 02-01583, General Thinning of Reactor Vessel Closure Head Outside Nozzle 3 Area..				
	Completed By: NOWICKI, K		Organization: RA	Date: 4/22/2002	Phone: 8590
A C C E P T	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: 10/14/02
	Approval: (Enter Name and Sign) LANG, T			Section: LCM	Date: 5/9/2002
Q U A L I T Y	Quality Organization Approval:				Date:
I M P L E M E N T I N 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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____				
O R G	<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:

02-00891

NOP-LP-2001-05

O
R
I
G
I
N
A
T
O
R

CR Category: ST	Action Type: (J) ROLL-OVER	Schedule Type: (C) Refuel Outage Required	CA Number: 14
---------------------------	--------------------------------------	---	-------------------------

Corrective Action Type: (RA) Remedial Action	Cause Code: (W19) Other	Resp Org: PE
--	-----------------------------------	------------------------

Description:
 This CR is to address CR 02-01378 extent of condition identifying Boric acid buildup is occurring on components throughout containment. Most of the components affected are either below or in the vicinity of service water piping. In several locations (CAC plenum, service water valve SW 392, and JT 3952), corrosion is occurring.

- Structural steel and conduits above PTRC2A5 and FTRC1A2
- Deposits and potential corrosion on JT3951 and JT3952, including the associated cable trays and JT flexible conduits and penetrations.
- SW 392 yoke
- Cable trays BLBE02 and BCBD02 located on the 585' elevation of containment where they penetrate the shield wall
- CAC plenum

Boric acid buildup was also noted on CF1A packing area and CF 9 packing. A trail of boric acid was identified at the top of CFT 1-1. The cause of the CFT 1-1 buildup is not known. Plant engineering was notified of the CFT 1-1 boric acid trail issue and notified the potential hole in the CAC plenum.

The containment inspection also identified that the containment ventilation ductwork registers (565 elevation) need to be cleaned. There is evidence of paint chips, etc in the registers. The potential for boric acid buildup in the ductwork also needs to be evaluated.

It is recommended that an extent of condition be perform to ensure all areas susceptible to boric acid buildup due to condensation be performed. Affected components should be cleaned, inspected and repaired as required.

Pictures are located on the S:\DBcommon\Outage Pics\CTMT boric acid buildup. Several pictures will also be scanned into this CR.

Completed By: HENNESSY, B	Organization: RA	Date: 5/10/2002	Phone: 8592	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	----------------------------	---------------------------	-----------------------	--

ACC- EPT	If a Refueling Outage Is required, Enter the Refueling Outage number:	<input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>13RFO</u>	Other Tracking # N/A	Corrective Action Due Date: 10/14/02
---------------------	--	---	--------------------------------	--

Approval: (Enter Name and Sign) ESHelman, D	Section: PE	Date: 6/1/2002
---	-----------------------	--------------------------

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (O) OE	Schedule Type: (A) Normal Work Management		CA Number: 15
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable		Resp Org: RA
	Description: Coordinate the determination of if Davis-Besse should issue Operating Experience Reports according to NG-NA-305, step 6.7.3. for the issues evaluated by the root cause. For the issues determined to need Operating Experience Reports issued, ensure a CAF is generated for the action (or ensure an Operating Experience Report was issued).				
	Completed By: JOHNSON, J		Organization: RA	Date: 5/20/2002	Phone: 8345
A C C E P T	If a Refueling Outage is required, Enter the Refueling Outage number: <input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>13RFO</u>		Other Tracking # N/A		Corrective Action Due Date: 12/31/02
	Approval: (Enter Name and Sign) ESHELMAN, D			Section: RA	Date: 5/29/2002
Q U A L I T Y	Quality Organization Approval:				Date:
I M P L E M E N T I O 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 SCAO CRs: Implementing Organization Supervisor: _____ 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:

02-00891

NOP-LP-2001-05

O R I G I N A T O R	CR Category: ST	Action Type: (J) ROLL-OVER	Schedule Type: (A) Normal Work Management		CA Number: 12
	Corrective Action Type: (OT) Other		Cause Code: (NA) Not Applicable		Resp Org: LCM
	Description: This CR will include the evaluation of the program elements for CR 02-01516.				
	Completed By: NOWICKI, K		Organization: RA	Date: 4/11/2002	Phone: 8590
A C C E P T	If a Refueling Outage is required, Enter the Refuelling Outage number:		<input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>N/A</u>	Other Tracking # N/A	Corrective Action Due Date:
	Approval: (Enter Name and Sign)			Section: LCM	Date:
Q U A L I T Y	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: Implementing Organization Supervisor:				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: 02-00891		
NOP-LP-2001-05								
O R I G I N A T O R	CR Category: ST		Action Type: (P) PROCEDURE / INSTRUCTION		Schedule Type: (A) Normal Work Management		CA Number: 16	
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()				Resp Org: PE	
	Description: 1. Develop a plan to monitor for CRDM nozzle leakage. The plan must include steps to repair once leakage is detected.							
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ACC- EPT	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:			
	Approval: (Enter Name and Sign)				Section: PE	Date:		
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: Implementing Organization Supervisor: _____						Date: _____	
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____						Date: _____	
Q V E A R L I F I E R	Comments:							
	Approval:					Date:		

CORRECTIVE ACTION						CR Number: 02-00891	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: ST	Action Type: (G) EVALUATION	Schedule Type: (A) Normal Work Management			CA Number: 17	
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()			Resp Org: DBE	
	Description: 2. Review Davis-Besse results for CRDM nozzle crack initiation/propagation against the susceptibility model.						
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	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:		
	Approval: (Enter Name and Sign)				Section: DBE	Date:	
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 SCAO CRs:						
Implementing Organization Supervisor:					Date:		
<input checked="" type="checkbox"/> Enter Name and Sign:							
Implementing Organization Approval:					Date:		
Q V E R I F I E R	Comments:						
	Approval:					Date:	

CORRECTIVE ACTION					CR Number: 02-00891	
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: ST	Action Type: (G) EVALUATION	Schedule Type: (A) Normal Work Management		CA Number: 18	
	Corrective Action Type: (RA) Remedial Action		Cause Code: ()			Resp Org: PE
	Description: 3. An extent of condition review for boric acid damage will be performed to ensure that there are no latent unidentified issues related to boric acid corrosion. The results will be reviewed by the senior management team prior to startup.					
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: <input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>13RFO</u>		Other Tracking # N/A		Corrective Action Due Date:	
	Approval: (Enter Name and Sign)			Section: PE	Date:	
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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____					
Q V E R I F I E R	Comments:					
	Approval:				Date:	

CORRECTIVE ACTION						CR Number: 02-00891	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: ST	Action Type: (P) PROCEDURE / INSTRUCTION	Schedule Type: (A) Normal Work Management		CA Number: 19		
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: RA		
	Description: The self evaluation program will be revised and ties completed to the Ownership Model. Bench marking and FENOC common process methods will be used to produce a best-in-industry program.						
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	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:		
	Approval: (Enter Name and Sign)			Section: RA	Date:		
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: Implementing Organization Supervisor: _____ Date: _____						
Q U E R I E S	Comments:						
	Approval:				Date:		

CORRECTIVE ACTION

CR Number:

02-00891

NOP-LP-2001-05

O
R
I
G
I
N
A
T
O
R

CR Category: ST	Action Type: (S) SELF - ASSESSMENT	Schedule Type: (A) Normal Work Management	CA Number: 20
--------------------	---	--	------------------

Corrective Action Type: (PR) Preventive Action	Cause Code: ()	Resp Org: PE
---	--------------------	-----------------

Description:

Perform Self-Assessments of the boric acid corrosion control and ISI programs. (Plant Engineering Completion prior to restart) The purpose of these Self-Assessments is to evaluate the deficiencies documented in this report. Items to be considered should include:

Boric Acid Corrosion Control Program

- Incorporating as areas for inspection, industry issues such as CRDM nozzle leakage
- Incorporating into the inspection plan systems that carry borated water and provide mitigating type functions that help to preserve the Reactor Coolant Pressure Boundary during plant transients and/or accidents
- Incorporate Boric Acid Corrosion Control Inspection Checklist document retention requirements (retention should be at least several fuel cycles)
- Incorporating a signature block for the Boric Acid Corrosion Control Program Owner to document his review and concurrence with the disposition activities
- Review the use of "should" versus "shall" throughout the procedure.
- Incorporating requirement that boric acid "shall" be removed from affected areas and the affected area inspected to identify any signs of potential corrosion.
- Incorporating a signature block for the System Engineers supervisor to document his review and concurrence with the disposition activities
- Review station commitments to determine if other areas or equipment must be included in the Boric Acid Corrosion Control Program
- Establish a hard link between the Boric Acid Corrosion Control Program and the ISI Program that requires both groups to approve the close out of a Boric Acid Corrosion Control Inspection Checklist.

ISI Program

- Improve the text descriptions of the areas to be inspected, include sketches of the area and provide a pre-job brief prior to inspecting for bolted connections and Mode 3 leakage during plant heat up
- Eliminate the conflicting text descriptions that are contained in some of the inspection plans
- Evaluate the techniques employed for monitoring CRDM nozzle welds for leakage.
- Reinforce the obligation the ISI program has to protect and preserve the RCS pressure boundary including addressing Boric Acid deposits on the RCS pressure boundary when that specific area was not included in the original inspection plan
- Establish a hard link between the ISI Program and the Boric Acid Corrosion Control Program that requires both groups to approve the close out of a Boric Acid Corrosion Control Inspection Checklist

Completed By: CHILDRESS, S	Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------	---------------------	-------	----------------	---

ACC- EPT	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:
	Approval: (Enter Name and Sign)	Section: PE	Date:

CORRECTIVE ACTION

CR Number:

02-00891

NOP-LP-2001-05

QUALITY

Quality Organization Approval:

Date:

IMPLEMENTING

Response:

Corrective Action Implementation Date: _____

Signature Indicates Corrective Action complete:
Completed By: _____

Date: _____

Signature Indicates verification for SCAQ CRs:
Implementing Organization Supervisor: _____

Date: _____

Enter Name and Sign:
Implementing Organization Approval: _____

Date: _____

QUALIFIER

Comments:

Approval: _____

Date: _____

CORRECTIVE ACTION

CR Number:

02-00891

NOP-LP-2001-05

O R I G I N A T O R	CR Category: ST	Action Type: (F) WORK ORDER / REPAIR TAG	Schedule Type: (C) Refuel Outage Required		CA Number: 21
	Corrective Action Type: (RA) Remedial Action		Cause Code: ()		Resp Org: DBE
	Description: 1. Provide improved access for inspection and cleaning of the RPV head.				
Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACC- EPT	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:	
	Approval: (Enter Name and Sign)			Section: DBE	Date:
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:				
Implementing Organization Supervisor: _____				Date: _____	
<input checked="" type="checkbox"/> Enter Name and Sign:					
Implementing Organization Approval: _____				Date: _____	
QV UE AR LI FI TI VE R	Comments:				
	Approval: _____				Date: _____

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (B) REVIEW	Schedule Type: (A) Normal Work Management		CA Number: 22
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: STAT
	Description: 3. Develop a plan for increased presence of management in the field both during outages and during normal operations. Formalization of this program is intended to look for degraded conditions, open opportunities for coaching, and enforcement of management expectations.				
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507
ACC- EPT	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:
	Approval: (Enter Name and Sign)			Section: STAT	Date:
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: Implementing Organization Supervisor: _____ Date: _____				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
QV U E R L I F T I Y E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION						CR Number: 02-00891	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: ST	Action Type: (T) TRAINING		Schedule Type: (A) Normal Work Management		CA Number: 23	
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()			Resp Org: TRAN	
	Description: 4. Standards and expectations will be immediately adjusted. Pre-startup training will be conducted in small groups to all site personnel ensuring internalization of the missed opportunities associated with the degradation on the reactor head. A case study based on this condition, the missed opportunities, and lessons learned will be created and provided to all site personnel.						
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	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:	
	Approval: (Enter Name and Sign)				Section: TRAN	Date:	
QUAL- ITY	Quality Organization Approval:					Date:	
I M P L E M E N T I O N G O R G	Response:						
	Corrective Action Implementation Date: _____						
	☑ Signature Indicates Corrective Action complete: Completed By: _____ Date: _____						
	☑ Signature indicates verification for SCAQ CRs: Implementing Organization Supervisor: _____ Date: _____						
	☑ Enter Name and Sign: Implementing Organization Approval: _____ Date: _____						
QV UE AR LI FI TI VE R	Comments:						
	Approval:					Date:	

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (T) TRAINING	Schedule Type: (A) Normal Work Management		CA Number: 24
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: E&S
	Description: Follow-up training will be held over the next 12 months to reinforce technical standards and problem solving skills. This will be required of appropriate management and technical staff.				
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507
ACC- EPT	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:
	Approval: (Enter Name and Sign)			Section: E&S	Date:
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: Implementing Organization Supervisor: _____ Date: _____				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
QV U E A R L I F I E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (T) TRAINING	Schedule Type: (A) Normal Work Management		CA Number: 25
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: STAT
	Description: 6. An operational/decision-making model will be developed and presented to the management team.				
	Completed By: CHILDRESS, S	Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACC- EPT	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:
	Approval: (Enter Name and Sign)			Section: STAT	Date:
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: Implementing Organization Supervisor: _____ Date: _____				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
Q V U E A R L I F T I Y E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (P) PROCEDURE / INSTRUCTION	Schedule Type: (A) Normal Work Management		CA Number: 26
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: NA
	Description: 7. Review/revise charter and membership for the Project Review Committee and Corrective Action Review Board.				
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507
ACC- EPT	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:
	Approval: (Enter Name and Sign)			Section: NA	Date:
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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____				
Q U E R I E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION						CR Number: 02-00891	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: ST	Action Type: (K) OTHER		Schedule Type: (A) Normal Work Management		CA Number: 27	
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()			Resp Org: E&S	
	Description: 8. Augment engineering staff to shore up technical capability and improve engineering rigor and standards.						
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A C C E P T	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:		
	Approval: (Enter Name and Sign)				Section: E&S	Date:	
Q U A L I T Y	Quality Organization Approval:					Date:	
I M P L E M E N T I N 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 SCAO CRs: Implementing Organization Supervisor: _____ 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: 02-00891	
NOP-LP-2001-05		CR Category: ST	Action Type: (T) TRAINING	Schedule Type: (A) Normal Work Management	CA Number: 28
O R I G I N A T O R	Corrective Action Type: (PR) Preventive Action	Cause Code: ()			Resp Org: E&S
	Description: 9. Clarify technical staff expectations to ensure that degraded conditions on systems are promptly identified, corrected, and prevented from recurring.				
	Completed By: CHILDRESS, S	Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
A C C E P T	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:	
	Approval: (Enter Name and Sign)			Section: E&S	Date:
Q U A L I T Y	Quality Organization Approval:				Date:
I M P L E M E N T I N 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: Implementing Organization Supervisor: _____ 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:

02-00891

NOP-LP-2001-05

O R I G I N A T O R	CR Category: ST	Action Type: (E) EFFECTIVENESS REVIEW	Schedule Type: (A) Normal Work Management		CA Number: 29
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: STAF
	Description: 10. A restart review board will be put in place made up of independent industry experts to verify effectiveness of actions taken, and to ensure the management issues are fully developed and addressed prior to startup.				
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507
ACC- EPT	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:
	Approval: (Enter Name and Sign)			Section: STAF	Date:
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 SCAO CRs: Implementing Organization Supervisor: _____ Date: _____				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
Q V E R I F I E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (B) REVIEW	Schedule Type: (A) Normal Work Management		CA Number: 30
	Corrective Action Type: (RA) Remedial Action		Cause Code: ()		Resp Org: STAT
	Description: 11. A operation confidence review will be performed prior to startup. The following items should be considered for review: outage issues, condition reports, modifications, work orders, etc. and interviews with the technical staff and program owners. The aggregate system health must be discussed including challenges to reliable operation that may self reveal during operating cycle.				
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507
ACC- EPT	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:
	Approval: (Enter Name and Sign)			Section: STAT	Date:
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: Implementing Organization Supervisor: _____ Date: _____				
Q V E R I F I C A T I O N	Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
	Comments:				
R	Approval:				Date:

CORRECTIVE ACTION						CR Number: 02-00891		
NOP-LP-2001-05								
O R I G I N A T O R	CR Category: ST		Action Type: (P) PROCEDURE / INSTRUCTION		Schedule Type: (A) Normal Work Management		CA Number: 31	
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()				Resp Org: OUTM	
	Description: 12. Develop a formal restart readiness review process to be used whenever the plant is to be restarted following plant outages.							
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ACC- EPT	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:			
	Approval: (Enter Name and Sign)				Section: OUTM	Date:		
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: Implementing Organization Supervisor: _____ Date: _____							
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____							
QV E A R L I F I E R	Comments:							
	Approval:					Date:		

CORRECTIVE ACTION						CR Number: 02-00891	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: ST	Action Type: (K) OTHER	Schedule Type: (A) Normal Work Management		CA Number: 32		
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()			Resp Org: QA	
	Description: 13. Quality Assurance will increase oversight of engineering activities.						
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC EPT	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:		
	Approval: (Enter Name and Sign)				Section: QA	Date:	
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: Implementing Organization Supervisor: _____ Date: _____						
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____						
QV U E R L I F I E R	Comments:						
	Approval:						Date:

CORRECTIVE ACTION						CR Number: 02-00891	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: ST	Action Type: (B) REVIEW		Schedule Type: (A) Normal Work Management		CA Number: 33	
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()			Resp Org: OPID	
	Description: 14. The CNRB safety focus will be improved by less emphasis on status and LARs and more review of key technical and safety issues. The interval between CNRB oversight visits will be evaluated.						
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A C C E P T	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:		
	Approval: (Enter Name and Sign)				Section: FE	Date:	
Q U A L I T Y	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: Implementing Organization Supervisor: _____ 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:

02-00891

NOP-LP-2001-05

O R I G I N A T O R	CR Category: ST	Action Type: (G) EVALUATION	Schedule Type: (A) Normal Work Management		CA Number: 34
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: NA
	Description: 15. Improve Operating Experience and benchmarking programs to verify lessons from in-house and industry experience are brought to the Davis-Besse team, meeting programmatic requirements and management expectations.				
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507
ACC- EPT	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:
	Approval: (Enter Name and Sign)			Section: NA	Date:
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 SCAO CRs:		Implementing Organization Supervisor:		Date:
	<input checked="" type="checkbox"/> Enter Name and Sign:		Implementing Organization Approval:		Date:
QV U E A R L I F I E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION				CR Number: 02-00891	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: ST	Action Type: (S) SELF - ASSESSMENT	Schedule Type: (A) Normal Work Management		CA Number: 36
	Corrective Action Type: (PR) Preventive Action		Cause Code: ()		Resp Org: NA
	Description: Perform an effectiveness assessment of the Corrective Action program. The purpose of the Self-Assessment is to ensure the categorization of issues, thoroughness of investigation, and that initiation of Condition Reports occurs in accordance with programmatic requirements and management expectations.				
	Completed By: CHILDRESS, S		Organization: RA	Date:	Phone: 8507
A C C E P T	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:
	Approval: (Enter Name and Sign)			Section: NA	Date:
Q U A L I T Y	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: Implementing Organization Supervisor: _____ Date: _____				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
Q V E R I F I C A T I O N	Comments:				
	Approval:				Date:

10CFR21 Decision Applicability Checklist

CR Number

NOP-LP-2001-04

02-00891

Does the Condition Report Involve:

Information obtained or an observation made of a BASIC COMPONENT that could compromise safety.

Yes No

(See logic flow diagram defining terms and applicability information on the next page.)

If the answer is No, Stop here (sign and date on the Originator Signature Tab)

If the answer is Yes, Items A & B must be answered. (Parts A & B tab)

A. Does the Condition Report Involve a:

BASIC COMPONENT of a plant structure, system, component, or part thereof necessary to assure:

1. The Integrity of the reactor coolant pressure boundary.

Yes No

2. The capability to shutdown the reactor and maintain it in safe shutdown condition.

Yes No

3. The capability to prevent or mitigate the consequences of accidents which could result in potential offsite exposures comparable to those referred to in 10CFR100.11.

Yes No

B. Does the potential issue or defect involve:

1. A deviation in a delivered component?

Yes No

2. Deviation in a portion of a facility offered for acceptance?

Yes No

3. Design installation test, use, or operation of a defective structure, system or component?

Yes No

4. A condition or circumstance that could contribute to exceeding a Technical Specification safety limit?

Yes No

If any items in A are marked 'Yes' AND any items in B are marked 'Yes', contact Regulatory Personnel immediately to discuss and determine if a SUBSTANTIAL SAFETY HAZARD may exist, or if the issue is reportable.

Based on discussions with Regulatory Personnel that a SUBSTANTIAL SAFETY HAZARD or reportability issue does not exist, provide explanation / justification below:

Remember CR 02-01128 needs to be included with this evaluation.

Based on the determination that a SUBSTANTIAL SAFETY HAZARD or reportability issue may exist, draft a Corrective Action Form (CAF) to be accepted by the Regulatory Personnel to complete the 10CFR Part 21 requirements for the CR.

CAF Generated? Yes No (If no, provide explanation / justification above)

If Yes, CAF# _____

Completed By: _____

DATE: _____