

<b>CORRECTIVE ACTION</b>				CR Number: <b>02-01523</b>	
NOP-LP-2001-05					
<b>O R I G I N A T O R</b>	CR Category: CA	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: PE
	Description: 1. Determine if Davis-Besse should issue an Operating Experience (OE) Report according to NG-NA-00305, step 6.7.3. (The OE coordinator, John Johnson at 8345 can provide assistance.) 2. If no OE report should be issued, document the reasons why in the CAF Implementation Response section. 3. If an OE report should be issued, arrange to have an OE report issued by Davis-Besse within 50 days after the event. Notification of the OE coordinator, John Johnson at 8345 or <a href="mailto:jjjohnson@firstenergycorp.com">jjjohnson@firstenergycorp.com</a> is suggested to assist in arranging the action.  This assignment was made by the MRB and is due at the completion of the CR evaluation. The 50-day target is from an INPO recommendation.				
	Completed By: NOWICKI, K	Organization: RA	Date: 4/11/2002	Phone: 8590	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<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: 5/30/2002	
	Approval: (Enter Name and Sign) NOWICKI, K			Section:	Date: 4/11/2002
<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>	<p>Response: This CA is issued to determine if Davis-Besse should issue an Operating Experience (OE) Report according to NG-NA-00305, step 6.7.3</p> <p><b>DISCUSSION.</b> Operating Experience Assessment Program procedure NG-NA-00305, step 6.7.3 provides guidance for issuance of Nuclear Network Operating Experience (OE) messages. The subject of CR 02-01523 is degradation of inner o-ring of the RCP. During the performance of DB-PF-03065, Pressure and Augmented Leakage Test, inner casing gasket leakage was observed from RCP 1-1 and RCP 1-2 via the respective casing gasket collection system. CR was generated to ensure adequate review of this leakage, to address operational readiness issues, and to justify/plan RCP inner and outer gasket replacement.</p> <p>Step 6.7.3 consists of four major categories.            A. Important to nuclear, public, and personnel safety.            B. Important to generation capability.            C. Events with important generic implications.            D. Events for which a comprehensive root cause investigation was performed, and lessons learned would be beneficial to know about to prevent its occurrence at another station.            The issues discussed in this CR 2002-01523 have been already identified by Nuclear Industry and do not meet any of the categories of step 6.7.3. Flowserve (the vendor) has developed replacement procedures and performed numerous o-ring replacements.</p> <p>Conclusions. Operating Experience (OE) Report is not recommended to be issued in connection with CR 02-01523.</p>				

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## FOLLOW-UP ACTIONS.

None

Corrective Action Implementation Date: 5/24/2002

Signature Indicates Corrective Action complete:

Completed By: SIEMASZKO, A

Date: 5/24/2002

Signature indicates verification for SCAQ CRs:

Implementing Organization Supervisor:

Date:

Enter Name and Sign:

Implementing Organization Approval: CUNNINGS, J

Date: 5/24/2002

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Comments:

Approval:

Date:

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<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: 2	
	Corrective Action Type: ( OT ) Other		Cause Code: ( NA ) Not Applicable		Resp Org: PE	
	Description: MODE 4 OPERATIONS RESTRAINT. This CR has been identified as a Mode Restraint by Operations. Please provide the appropriate documentation to clear the Mode Restraint, which may include an evaluation or work completion documents (e.g. WO Completion). 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: 4/11/2002	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>13RFO</u>		Other Tracking # N/A	Corrective Action Due Date: 6/20/2002		
	Approval: (Enter Name and Sign) CUNNINGS, J			Section:	Date: 4/16/2002	
<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: Mode Hold Restraints are now tracked on the Mode Hold Resolution Report.					
	Corrective Action Implementation Date: <u>5/22/2002</u>					
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete:		Completed By: CHILDRESS, S		Date: 5/22/2002	
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs:		Implementing Organization Supervisor:		Date:	
<b>Q V E R I F I E R</b>	Comments:					
	Approval:				Date:	

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O R I G I N A T O R	CR Category: CA	Action Type: (K) OTHER	Schedule Type: (A) Normal Work Management			CA Number: 3	
	Corrective Action Type: (EA) Enhancement Action		Cause Code: (NA) Not Applicable			Resp Org: PES	
	Description: RSRB 2-7 Develop a Long Range Plan Project for replacement of the Reactor Coolant Pump gaskets and obtain management approval of the Project. Ensure Industry Operating experience is incorporated into the project plan.						
	Completed By: SIEMASZKO, A		Organization: PE	Date: 5/24/2002	Phone: 7341	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: 7/31/2003		
	Approval: (Enter Name and Sign) CUNNINGS, J				Section: PES	Date: 5/24/2002	
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: _____						
Q V E R I F I E R	Approval: Implementing Organization Approval: _____ Date: _____						
	Comments:						
Approval: _____ Date: _____							

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<b>O R I G I N A T O R</b>	CR Category: CA	Action Type: ( F ) WORK REQUEST / WORK ORDE	Schedule Type: ( C ) Refuel Outage Required		CA Number: 4
	Corrective Action Type: ( PR ) Preventive Action		Cause Code: ( T01 ) Wrong part		Resp Org: OMWC
	Description: RSRB 2-7 Restretch the bolts on all Reactor Coolant Pumps (WO 02-002810-000 voided; work done under WO 02-004137-000). This work was approved for 13RFO under SCR 13R-0911.				
	Completed By: SIEMASZKO, A		Organization: PE	Date: 5/24/2002	Phone: 7341
<b>ACC- EPT</b>	If a Refueling Outage is required, Enter the Refueling Outage number: <input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>13RFO</u>		Other Tracking # 02-004137-000		Corrective Action Due Date: 3/31/2003
	Approval: (Enter Name and Sign) RING, L			Section: OMWC	Date: 5/24/2002
<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:				
	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: _____				
<b>Q V E R I F I E R</b>	Comments:				
	Approval:				Date:

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<b>O R I G I N A T O R</b>	CR Category: CA	Action Type: ( F ) WORK REQUEST / WORK ORDE	Schedule Type: ( C ) Refuel Outage Required		CA Number: 5
	Corrective Action Type: ( PR ) Preventive Action		Cause Code: ( T01 ) Wrong part		Resp Org: OMWC
	Description: WO# 02-004137-000 REMOVE RCP MOTOR 1-1 AND INSTALL SPARE MOTOR THIS WORK ORDER IS FOR THE RIGGING, LIFTING AND TRANSPORTATION OF THE EXISTING AND REPLACEMENT RCP MOTOR AND ACCESSORIES TO AND FROM CTMT. ELECTRICAL, INSTRUMENTATION AND MECHANICAL DISCONNECTIONS & CONNECTIONS AND ALL OTHER WORK REQUIRED TO PREPARE MOTORS FOR REMOVAL/INSTALLATION TO BE PERFORMED UNDER SEPERATE WO'S.				
	Completed By: JONES, D		Organization: WC	Date: 10/7/2002	Phone: 7635
<b>ACC- EPT</b>	If a Refueling Outage is required, Enter the Refueling Outage number:		<input type="checkbox"/> 1R <input type="checkbox"/> 2R <u>13RFO</u>	Other Tracking # 02-004137-000	Corrective Action Due Date: 3/31/2003
	Approval: (Enter Name and Sign) RING, L			Section: OMWC	Date: 10/7/2002
<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: Reactor Coolant Pump motor 1-1 was removed and replaced with a spare under WO 02-04137-000 and associated WO's. The motor was sucessfully run; therefore this CA may be closed.				
	Corrective Action Implementation Date: <u>2/11/2003</u>				
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: <u>ONEILL, J</u> Date: <u>2/11/2003</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>RING, L</u> Date: <u>2/13/2003</u>				
<b>Q U E R I F I E R</b>	Comments:				
	Approval:				Date: