

800-242

0811

Local 94

Charlie 609647484

TO: Safety Tagging Committee

FROM: Jenny Turner (x3462)
Recording Secretary

SUBJECT: SAFETY TAGGING COMMITTEE MEETING
FOR SEPTEMBER 30, 2002

DATE: September 27, 2002

Training
Salem Ops

Safety Tagging Committee Agenda for September 30, 2002
LOCATION: HOPE CREEK GEN. PURPOSE RM. A

<p>0900-0930</p> <p><i>next mtg</i></p> <p>Nov 12</p>	<p><u>Call to Order</u></p> <ul style="list-style-type: none"> • Verify quorum • Approval of meeting minutes • Subcommittee Reports • Communications • Review of significant tagging OE/Notifications • Update on Corporate Tagging issues • Training status • Review of procedure revision requests • Review of Monthly Performance Indicators (only during 2nd Monday of month) 	<ul style="list-style-type: none"> • Co-Chairperson • Co-Chairperson • Committee • Committee • Recording Secr. • Horneff/Myers • Dunn/Olsen • Training Rep. • Horneff/Myers
<p>0930</p>	<ul style="list-style-type: none"> • Finalize recommendation on tagging breakers and fuse subcommittee • Training of HC Operators on Grounding • Tagging Grounds on 500 kv Yard • Abandoned In Place and Tagging 	<ul style="list-style-type: none"> • B. Olsen • R. Dunn • T. Mnich/B. McCloy • Committee
	<p>Closing</p>	<p>Co-Chairperson</p>

Supv doesn't know stuff. What Union guys get told get asked to do. from VPs, et al.

Supts make agreements to release workers don't tell supv.

C-88

**SAFETY TAGGING COMMITTEE
MEETING MINUTES OF
September 9, 2002
Hope Creek Gen. Purpose Rm. A – 0900 hrs.**

13U
KK, DMCH
DZ Shin
Pete Ronzo

Attendees: See list below.

Rich Dunn called the meeting to order and established a quorum.

Subcommittee Reports

1. Grounding Hot Stick – Put P. Ronzo on committee in place of T. Carucci. Hand held tester is to be used. R. Dunn to check and see if that is what is being done.
2. Tagging Breakers & Fuses – Have not met yet. Will this week.

Approval of Meeting Minutes from 8/1/02 and 8/5/02

8/1/02 meeting - G. Horneff reported that the gags are being used to tag the polisher at Salem.

Meeting minutes approved for 8/1/02 and 8/5/02.

OE/Notification

They were sent through email by R. Myers.

B. Olsen suggested that with the outage coming there be a communication sent on what has been happening.

ACTION: D. Zakarian

To get with Contractor Oversight (Pysher or Lewis) for a session to go over issues and who is to be on the ATL.

ACTION: Horneff/Dunn/Sourber

Provide a Roll Out Plan for outage for contractors, include Butch Shook in training. To be rolled out week of 10/7/02.

Corporate Tagging

Draft tagging rules are going to full Committee – will incorporate ground requirements.

Working with ESOC on yard tagging.

WIN TRIS is new system being used by ESOC.

Resolution of 500 kv yard at Salem – Issue was disconnect was within 1 hour but not tagged until 14 hours later. (Tagging will not be contingent on the units return to service.) Will be setting up for the Salem Ops. Supt. and Load Dispatchers to visit each other's job location (will also include the simulator).

Notification 20110226

D. Sourber spoke with Leland Brown and told him that a breaker in test disconnect or removed is the same thing.

R. Dunn will speak with T. Griffith about this notification.

Fire Protection Operator Training is still on target. K. Gralley is the contact.

Procedure Revisions

Horneff – Form 7 removed from SHOP-15 for buckets, need to leave in until Maintenance procedure changed. P. Ronzo did notification to have maintenance procedure changed. (verify no one working down stream)

ACTION: P. Ronzo

To check on status of procedure change for maintenance procedure.

Cathodic protection and use of WBT (notification 20107404) R. Dunn to speak with T. Griffith on this. This item was brought up by D. Zakarian.

Flux Drive Bulldog Manipulations

Alex Johns presented. This is done for entry into the seal table room and sump. Currently, Rad Pro is not manipulating the bulldogs. They had been. It is still IAW procedure if RP is directed by Maintenance to manipulate the bulldog.

Tag bulldogs (add to approved WBT) – R. Dunn to get with S. Wood about this.

Site Lighting

When they require new ballasts then they have to tag out and sometimes it cannot be done in one day and then multiple lights are out. Need to coordinate a temporary release.

LLRW Facility Lights

All on one panel. Have to turn breakers to get lights on, then turn breaker to turn off lights. There is no light switch.

ACTION: Alex Johns

Write notification to get a light switch installed.

Tagging Control Power at Salem – R. Dunn

R. Dunn will get in contact with Brad Solomen on this.

Attendees

R. Dunn

K. Krueger

B. Olsen

D. Zakarian

P. Ronzo

D. Sourber

B. Shavor

B. Solomen

G. Horneff

A. Johns (guest)

J. Turner, recording secr.

ACTIVE SUBCOMMITTEES

1. GROUNDING HOT STICK (in meantime, hand held testers will be used)
(from 6/24/02 mtg)

ACTIONS:

- Job Hazard Analysis to be performed (due date: 9/9/02) Checkley and Griffith
- Get 600 volt tester to be placed near buses (Louch)
- Team to get together and make recommendation to S. T. Committee.

PEOPLE: H. Hooks - Lead, T. Griffith, S. Wood, D. Checkley, B. Poliafico, P. Ronzo

to Power
Grounding
Committee
LOB

2. TAGGING BREAKERS AND FUSES (action from 6/17/02 meeting)

PEOPLE: Bob Olsen - Lead, Brian Shavor, Dan Sourber, Brad Solomen and Sherman Wood

PURPOSE: Inconsistent Practice of Tagging Fuses

B. Solomen reported that the Southern Division tags fuses themselves.

SHOP-15 states to use tag holders. If no fuse holder than hang on door.

Needs to be consistent across the site.

DUE DATE: September 9, 2002

Olsen
Brad
Gabe } met

PSEG NUCLEAR L.L.C.

NC.WM-AP.ZZ-0002(Q), Rev. 6

PERFORMANCE IMPROVEMENT PROCESS

SPONSOR ORGANIZATION: Nuclear Operations

REVISION SUMMARY: Biennial Review Performed: Not Applicable

This is a procedure revision in accordance with NC.DM-AP.ZZ-0001(Q), Rev. 5, Procedure Administrative Processes.

1. Added to Section 6.0, Records, a new sub-section 6.3 to make consistent with NC.WM-AP.ZZ-0000(Q) per Order # 80035571.
2. Due to reorganization, Sponsor Organization was changed from Corrective Action Group to Nuclear Operations with concurrence from Vice President – Nuclear Operations and Manager – Quality Assessment.
3. Changed 3.3 Corrective Action Group (CAG) Supervisor to Corrective Action Program Manager, deleted second bullet, Maintaining this procedure and deleted fifth bullet Assigning CAG Staff to review and approve quality code changes in NUCR orders.
4. Added to 3.6 Managers are responsible for: Conducting periodic common cause analysis to determine and correct site-wide issues.
5. Changed '5.8.1-The Corrective Action Group Supervisor should issue a periodic trend report to management' to read 'Each Manager or designee should conduct a periodic Common Cause Analysis and report back to management'.
6. Changed 5.7.4 'A' – Corrective Action Group to SWIM Team and 'B' deleted Corrective Action Group.

IMPLEMENTATION REQUIREMENTS: Effective Date _____

APPROVED: original signed & filed _____ Date _____
 VP-Nuclear Operations

PERFORMANCE IMPROVEMENT PROCESS

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1.0 PURPOSE

- 1.1 To describe the process for evaluating and correcting conditions in a timely manner as required by:
- 10CFR50 Appendix B, Criterion XVI. [CD-907A, CD-936G and C0578]
 - FSAR Sections 17.2.16 and 17.2.17.
- 1.2 To describe the process for evaluating and implementing enhancements, suggested improvements and interdepartmental support.
- 1.3 To ensure that condition reports are processed in a timely manner as necessary to support reporting requirements in 10CFR50.72 and 10CFR50.73.

2.0 SCOPE

- 2.1 Includes guidance for processing technical support orders and condition reports (CR) including significance level 1 (SL-1) root cause evaluations, SL-1 effectiveness reviews, SL-2 apparent cause evaluations, and SL-3 evaluations.
- 2.2 Reporting and screening conditions are performed in accordance with NC.WM-AP.ZZ-0000(Q), Notification Process.
- 2.3 Deficiency reports (DRs) for non-conformances, to meet 10CFR50 Appendix B, Criterion XV, are processed in accordance with NC.WM-AP.ZZ-0001(Q), Work Management Process. [CR 70006632]
- 2.4 Notifications to regulators are performed in accordance with NC.NA-AP.ZZ-0035(Q), Nuclear Licensing and Reporting.
- 2.5 Equipment failure trend analysis is performed in accordance with NC.NA-AP.ZZ-0016(Q), Monitoring the Effectiveness of Maintenance.

3.0 RESPONSIBILITIES

- 3.1 Corrective Action Coordinators (CACs) are responsible to:
- Ensure that appropriate CR trend codes are applied to *notifications* for their organization or department when their organization/department owns the evaluation (EVAL).
 - Perform requirements in this procedure as designated by the Manager.
- 3.2 Corrective Action Review Board (CARB) Secretary is responsible to:
- Maintain the CARB calendar.
 - Track CARB action items.
 - Create *CARB operations* and revise due dates as necessary.

3.3 Corrective Action Program Manager is responsible for:

- Assessing the effectiveness of the Performance Improvement Process using performance indicators and providing periodic reports to management.
- Maintaining a list of Root Cause Investigator qualifications.
- Maintaining a list of Corrective Action Coordinators.

3.4 Corrective Action Review Board (CARB) is responsible to review and approve SL-1 evaluations and effectiveness reviews.

3.5 Evaluation Owners are responsible to:

- Perform evaluations.
- Obtain due date extensions if needed.
- Complete and close *EVAL operations* by the assigned due date.
- Close *NUCR orders* and *notifications*.

3.6 Managers are responsible for:

- Reviewing and assigning *EVAL Owners* *NUCR orders* assigned to their work centers. (This includes orders assigned to work centers that they previously owned, are no longer intended to be used, but are still available for use.)
- Ensuring personnel that perform evaluations and corrective actions in this procedure have the necessary knowledge and skills.
- Assigning personnel to participate in root cause teams for SL-1 orders.
- Approving *NUCR evaluations*, effectiveness reviews and first *CRCA* extensions. (Approval for SL-3 evaluations may be delegated. If a manager is absent, approval for SL-1 and SL-2 evaluations may be delegated to a peer manager, Director or Vice President from the same organization as the manager responsible for the *EVAL operation*.)
- Presenting SL-1 evaluations to CARB by the assigned due dates.
- Trending condition reports for human performance issues and initiating corrective actions as appropriate. [CR980612122]
- Conducting periodic analysis of human performance/organizational & programmatic trend data as needed to improve departmental performance.
- Designating a CAC(s) for their own department as necessary to meet the requirements in this procedure.
- Conducting periodic common cause analysis to determine and correct site-wide issues.

3.7 **Operation Owners** are responsible to:

- Complete and close *operations* by the due date.
- Obtain and document due date extensions if needed.

3.8 **Root Cause Team Leads** are responsible to facilitate the root cause investigation when assigned to a root cause evaluation.

4.0 **PROCESS DESCRIPTION**

The process is provided in a flow chart in Attachment 1 and includes expectations for timeliness.

5.0 **PROCEDURE**

NOTE

SAP terminology in this procedure is italicized and a user aide is provided in Exhibit 1.

5.1 **Report and Screen**

Conditions, enhancements and interdepartmental support requests are reported and screened in accordance with NC.WM-AP.ZZ-0000(Q) and NC.WM-AP.ZZ-0001(Q).

5.2 **Review and Assign Evaluations**

5.2.1 The responsible Manager or designee should perform the following:

A. Review the order and confirm that it is assigned to the correct work center. If necessary, change the work center in accordance with section 5.7.

B. Assign the *EVAL operation* as follows:

SL-1

- Assign the *EVAL operation* to the responsible Manager (Evaluation Owner).
- Assign a root cause team (or individual) and notify the team lead (or individual).
- At least one root cause team member shall be a qualified Root Cause Investigator

- A root cause team shall be established for performing a SL-1 evaluation for Salem reactor trip/safety injection events and shall be independent of Salem Station Operations Management. [C0513]

SL-2 and SL-3

- Assign the *EVAL operation* to an Evaluation Owner.
- Notify the Evaluation Owner.

5.2.2 If the condition is reportable as required by 10CFR50.72 or 10CFR50.73, then the Evaluation Owner should coordinate with Licensing to support writing the Licensee Event Report and presenting it to SORC.

5.2.3 A verification (*VERF operation*) may be added to an *NUCR order* as needed to track an activity related to the *NUCR order*.

5.3 **Evaluation**

5.3.1 If the *EVAL* is a duplicate, then it may be closed if the following conditions are met:

- The *EVAL* that remains open is the same or higher significance level.
- The *EVAL* due date for the evaluation that remains open is earlier or the same as the *EVAL* due date being closed.
- The *order number* is cross-referenced in the open *EVAL confirmation* and the corresponding confirmation for the operation to be closed.
- Both Evaluation Owners concur.

5.3.2 The Evaluation Owner should perform an evaluation within 30 days as follows:

A. Evaluate the condition.

NOTE

Names and actions of a confidential nature, such as discipline details, should not be documented in evaluations and corrective action records.

SL-1

- Verify that the interim corrective actions are adequate. Establish additional interim corrective actions as necessary.
- Obtain a CARB presentation date from the CARB Secretary. The date should be within 60 days of the notification initiation ("Required Start") date. If NRC Reportable, CARB presentation should be within 35 days of the "N1 Required Start Date".
- Perform a root cause evaluation (refer to Attachment 2).

5.3.2.A (Continued)

- Develop an effectiveness review plan if required (refer to Attachment 3).

SL-2

- Verify that the interim corrective actions are adequate. Establish additional interim corrective actions as necessary.
- Perform an apparent cause evaluation (refer to Attachment 2) or a common cause evaluation.

SL-3

- (Refer to Attachment 2)
- If corrective actions are necessary, obtain concurrence from potential *operation owners* for the proposed corrective actions and negotiate due dates.
 - Obtain responsible Manager approval. Document the title of the approver in the *EVAL final confirmation short text*.
 - Upload the evaluation into an *EVAL confirmation*.
 - Forward supporting documentation in accordance with Section 6.0.

5.3.3 SL-1

- The responsible manager should present a summary of the root cause report including the effectiveness review plan to CARB and obtain approval. If the evaluation is not complete, a status update may be required by CARB.
- The responsible manager or designee should present the evaluation and effectiveness review plan to CARB and obtain approval in accordance with NC.CA-TM.ZZ-0006(Z), Corrective Action Review Board Process.
- If an effectiveness review is required, enter a brief description in the *short text* of an *operation* and enter *VERF* in the *control key* field.
- Process changes in accordance with section 5.7.
- Forward supporting documentation in accordance with Section 6.0.

- Corrective Action Coordinators should verify trend codes are *in SAP*, as necessary, in accordance with NC.CA-TM.ZZ-0002(Z), Coding and Trending Guideline.

5.4 Assign Operations

- 5.4.1 Document required actions in *NUCR operations* (do not use *sub-orders*). Typical actions, corresponding control keys and responsibility are as follows:
- *CRCA* – corrective actions to fix or prevent the condition identified (entered by the Evaluation Owner or designee).
 - *VERF* – effectiveness review or follow-up activity (entered by individual requiring the action).
 - *CARB* – Corrective Action Review Board presentation or action item (entered by the CARB Secretary in accordance with NC.CA-TM.ZZ-0006(Z)).
 - *Other operations* (e.g., *CROD*, *CRFA*, *CRLC*, *MRUL*) – as specified in approved procedures.
- 5.4.2 PM01 operations are not permitted under NUCR orders.
- 5.4.3 NUTS, NUCM and other suborders are not permitted under NUCR orders.
- 5.4.4 If actions are desired but not required, create a notification or a separate order in accordance with applicable procedures.
- 5.4.5 The responsible manager or designee should present the evaluation and effectiveness review plan to CARB and obtain approval in accordance with NC.CA-TM.ZZ-0006(Z), Corrective Action Review Board Process.
- 5.4.6 Specify the required due date [**CR 70005521**] in the “*Restriction*” section in the “*End*” date space in the *operation*.
- 5.4.7 Identify the *work center* and owner (e.g., it is recommended to place the owners initials at the beginning of the *short text*).

5.5 Complete and Close Operations

- 5.5.1 The *operation* owners should **complete** actions as follows:
- A. Complete actions by due date as stated in operations Dates tab, “*Restriction*” section, “*End*” field.
 - B. Process changes in accordance with Section 5.7.
- 5.5.2 The *operation* owners should **close operations** as follows:
- A. If a *CRCA* is duplicated in another *NUCR order*, perform the following:
 - Obtain concurrence from both Evaluation Owners.
 - Select one *CRCA* to remain open. If one is associated with a higher significance level, select the *CRCA* with higher significance level.

- If the due dates are different, use the earlier due date or obtain an extension approval in accordance with section 5.7.
 - Cross-reference the *NUCR order* number and *operation* number in the *confirmation* text or *final confirmation* text for each *CRCA*.
- B. Document closure as follows:
- Document completed actions in a *final confirmation* for each *operation*.
 - Include cross-reference to other documents or *notifications* as appropriate for traceability.
- C. If an effectiveness review plan was required by CARB, obtain the responsible Manager approval for effectiveness review results. Document the title of the approver in the *EVAL final confirmation short text*. The Manager is required to present the effectiveness review results to CARB in accordance with NC.CA-TM.ZZ-0006(Z).
- D. Refer to applicable procedure guidance for other operations (e.g., *CROD, CRFA, CRLC*).
- E. Process changes in accordance with section 5.7.
- F. Forward supporting documentation in accordance with Section 6.0.

5.6 Close Order and Notification

- 5.6.1 The Evaluation Owner or designee should close the *NUCR order* as follows:
- A. Check that all *operations* are complete and closed as indicated by the *CNF system status*.
 - B. Change the *NUCR order* to the *TECO* status.
- 5.6.2 Confirm that trend coding is complete.
- 5.6.3 Confirm the notification is closed, or close the *notification* by taking it to *complete* (indicated by *NOCO* in the *notification status field*).

5.7 Changes and Due Date Extensions

- 5.7.1 **All changes** to evaluations and *CRCA/EVAL operation* due dates should be documented by the corresponding Operation Owner in a *confirmation*. Provide the reason for the change, who was notified and/or who approved the change (by title).
- 5.7.2 The Evaluation Owner or designee (for SL-1 orders) should perform the following:

- A. If **new information** indicates that the condition may have a greater impact on operability or reportability than originally determined, initiate a new notification.
- B. If **corrective actions/CRCAs** were previously approved by CARB, obtain CARB re-approval for changes or additions.

5.7.3 The *operation* owner should extend **due dates** prior to the original due date as follows:

- A. Obtain approval or extension.
 - If the extension impacts a regulatory commitment, obtain Licensing Manager or Designee approval. Refer to NC.NA-AP.ZZ-0035(Q).
 - **CARB** – the individual accountable for the action(s) should notify the CARB Secretary. The CARB Secretary should make due date changes to CARB operations. A status update to CARB may be required.
 - **CRCA**
 - ⇒ First extension – obtain approval from the Manager responsible for the evaluation.
 - ⇒ Subsequent extensions – obtain approval from the Director or Vice President from the same organization as the manager responsible for the *EVAL operation*. Quality Assessment (QA) obtains approval from the manager.
 - **EVALS** – obtain approval from the Director or Vice President from the same organization as the manager responsible for the *EVAL operation*. The QA manager approves EVAL extensions for QA.
 - **VERF** - If it impacts a CARB presentation date, notify the CARB secretary. A status update to CARB may be required.
- B. Notify the Evaluation Owner.
- C. Document the reason for the extension, the length of the extension and the approver title in the operation in a confirmation. (The CARB secretary should document changes to CARB operations).
- D. Change the required due date.

5.7.4 To change a **quality code**, perform the following:

- A. Provide the suggested change and basis to the SWIM Team.
- B. The Swim Team should make the change as appropriate and document the change in the NUCR order.

5.7.5 To change **significance level**, on a *NUCR order*, perform the following:

- A. Obtain approval from Station Management or CARB.
 - B. Notify the Station Work Integration & Management (SWIM) team.
 - C. The SWIM should make the change and document the change in the NUQR order.
- 5.7.6 To change **trend codes**, obtain Corrective Action Coordinator approval.
- 5.7.7 To change a **work center** on an order, perform the following:
- A. Obtain concurrence from the new proposed owner. (The responsible Manager or designee.)
 - B. Change the *work center* on the *operation*.
 - C. Change the *work center* on the *notification* as needed to match the *EVAL work center*.
- 5.7.8 When **work centers** are cancelled, responsible Managers or designee should ensure that work inadvertently assigned to the *work center* is transferred to an active *work center*.
- 5.7.9 If an *operation* must be revised after *final confirmation*, perform the following:
- A. Obtain the review and approval applicable for the *operation* type.
 - B. Cancel the original *final confirmation*.
 - C. Enter the revised actions taken or load the revised document into a new *final confirmation*.
 - D. Forward supporting documentation in accordance with Section 6.0.
- 5.8 **Trending Analysis**
- 5.8.1 Each Manager or designee should conduct a periodic Common Cause Analysis and report back to management.

NOTE

Trend analysis relies on symptom codes (upfront codes on level 1, 2 and 3 *notifications*) and cause codes (backend codes on level 1 and 2 *notifications*; level 3 cause coding is optional). [CR980707255]

- 5.8.2 Each Manager or designee should conduct periodic analysis on trend data to assess own department performance and take actions required to improve performance.

5.9 Technical Support Orders

Guidance for processing technical support orders is provided in Attachment 4.

6.0 RECORDS

6.1 Information from notifications and orders is periodically downloaded from SAP to DCRMS for electronic record retention.

6.2 If possible, documents should be uploaded into SAP. Documents that cannot be uploaded into SAP and are required for record retention should be processed in accordance with NC.DM-AP.ZZ-0011(Q), Records Management Process (DMAP-11), as follows:

- Produce a hard copy.
- Include the notification and order number on the document.
- Use 4A.110 for the record type code on DMAP-11 Form-4.
- Enter the SAP order number on DMAP-11 Form-4 (under record ID number) for each document submitted. **[70011604]**.

6.3 Records that are part of a specific process should be controlled in accordance with the requirements of that process (e.g., DCP, CR Order, CM Order). **[80035571]**

7.0 DEFINITIONS

7.1 Condition Adverse to Quality – Identified in SAP as **CAQ**.

- A. A condition (i.e., equipment failure or malfunction, deficiency, deviation, defective material or nonconformance) or adverse trend that has the **potential to impact plant reliability, plant safety or a safety-related function of systems, structures or components (SSC)**.
- B. Less than adequate compliance with the Operating License, codes, standards or other NRC requirements.

Examples are as follows:

- A valid ESF actuation.
- Deficient document that is relied upon to mitigate transients and design basis accidents.
- Deficient activities or services that could directly impact safety-related SSC performance.
- Surveillance test failures.
- Failure of one of two redundant safety related equipment trains.

- Deficient 50.59 Reviews/Safety Evaluations.
- Mis-positioned control rods or incorrect boron concentration.
- Equipment loss or human error event of moderate severity in the probabilistic safety assessment.
- Individual receives unmonitored dose of 100 mrem or greater.
- Maintenance Rule (in accordance with 10CFR50.65): [CD-936G, C0578]
 - ⇒ System Functional Failure (SFF) of a risk significant function.
 - ⇒ SSC Performance Criteria Not Met (PCNM, PCNMGR).
 - ⇒ Goal Not Met (SSC GOALNM).

7.2 **Condition Report Order** – Identified in *SAP* as **NUCR**. A report that includes an evaluation and corrective actions to address significance level 1, 2 or 3 conditions.

7.3 **Corrective Action** – Action that shall be completed to correct or preclude a quality condition (QC), a condition adverse to quality (CAQ), or a significant condition adverse to quality (SCAQ). Identified in *SAP* as **CRCA**.

7.4 **Evaluation Owner** – Manager or other individual assigned to evaluate a condition as specified in this procedure.

7.6 **Operation** – A field in *SAP* orders where actions are assigned and tracked (e.g. *VERF*, *CRCA*, *EVAL*).

7.7 **Operation Owner** – The individual assigned responsibility for completing an operation.

7.8 **Quality Code** – any of three codes used to designate quality status (SCAQ, CAQ or QC).

7.9 **Quality Condition** – Identified in *SAP* as **QC**.

- A. A condition (i.e., equipment failure or malfunction, deficiency, deviation, defective material or nonconformance) or adverse trend that has **no potential to impact plant reliability, plant safety or a safety-related function of systems structures or components (SSC)**.
- B. A deficiency in non-safety related equipment, material, documentation, or procedure, which renders an item unacceptable or indeterminate but does not affect the safe reliable operation of the plant. This includes personnel safety, a recordable injury, a human performance issue that does not directly impact safety-related SSCs. Some examples are as follows:
 - House heating boilers do not meet state emission requirements.

- Personnel fail to properly complete documentation or follow an administrative procedure.
- Equipment status control discrepancy.
- Configuration management discrepancy.
- Minor equipment damage.
- Deficiencies in the Quality Assurance Program that are outside the CAQ and SCAQ.
- Unexpected reduction of feedwater heating.
- Human performance issue of low importance but requires documenting and trending.

7.10 **Safety-related** – Systems, structures and components (SSCs) that ensure any of the following:

- Integrity of the reactor coolant pressure boundary
- Capability to shut down the reactor and maintain it in a safe shutdown condition
- Capability to prevent or mitigate the consequences of accidents that could result in potential offsite exposures comparable to the 10CFR100 guidelines.

7.11 **Significant Condition Adverse to Quality** – Identified in *SAP* as **SCAQ**. A condition or adverse trend whose occurrence could or did have a **substantial impact** (e.g., prevents meeting a business goal) on plant reliability, plant safety, safety-related SSC performance or compliance with the Operating License, codes, standards or NRC requirements. Some examples are as follows:

- Exceeding a plant safety limit.
- Operation beyond the design basis.
- Actions, decisions or equipment performance that reduces a margin of nuclear safety.
- Anticipated Transient Without Scram (ATWS).
- Rod drop accident.
- Failure of two-of-two redundant safety related equipment trains.
- Equipment loss or human error event of high severity in the probabilistic safety assessment.
- Radiological issue requiring NRC notification per 10CFR20.2201, 2202, or 2203.

- NRC regulatory performance indicators that become white.
 - Unauthorized exposure in excess of station administrative limits.
- 7.12 **Technical Support Order** – Identified in *SAP* as *WUTS*. A request for business support or recommendation for improvement that is maintained and tracked in *SAP*.
- 7.13 **Trending** – the collection and analysis of data on human performance and organizational and programmatic failures.

8.0 REFERENCES

- 8.1 10CFR100 Reactor Site Criteria
- 8.2 10CFR50, Sections 2, 9, 36, 55, 59, 65, 72, 73, and Appendix B, Criterion XV & XVI [CD-176Y].
- 8.3 ANSI Standard ANS-3.2/N18.7 - 1976, Administrative Control and Quality Assurance for the Operational Phase of Nuclear Power Plants, Section 5.2.11 (Salem only) [CD-147Y].
- 8.4 ANSI/ANS 3.2 - 1982, Administrative Control and Quality Assurance for the Operational Phase of Nuclear Power Plants. (Hope Creek only)
- 8.5 ANSI Standard N45.2 - 1977, Quality Assurance Program Requirements for Nuclear Facilities, Section 17
- 8.6 NRC Inspection Manual, Part 9900, Resolution of Degraded and Nonconforming Conditions (distributed via Generic Letter 91-18)
- 8.7 HCGS/SGS Updated Final Safety Analysis Reports, Section 17.2
- 8.8 Hope Creek & Salem Generating Stations Technical Specifications
- 8.9 Hope Creek & Salem Generating Stations Event Classification Guide
- 8.10 SCP-14, Contingency Event Reporting Procedure
- 8.11 NC.NP-PO.ZZ-0001(Q), Policy, Organization and Administration
- 8.12 NUREG-1649, "New NRC Reactor Inspection and Oversight Program
- 8.13 SECY-99-007, Recommendations for Reactor Oversight Process Improvements
- 8.14 SECY-99-007A Recommendations for Reactor Oversight Process Improvements
- 8.15 Cross-References
 - 8.15.1 NC.WM-AP.ZZ-0000(Q), Notification Process (WMAP-0)
 - 8.15.2 NC.WM-AP.ZZ-0001(Q), Work Management Process (WMAP-1)
 - 8.15.3 NC.DM-AP.ZZ-0011(Q), Records Management Process (DMAP-11)
 - 8.15.4 NC.NA-AP.ZZ-0016(Q), Monitoring the Effectiveness of Maintenance (NAP-16)
 - 8.15.5 NC.NA-AP.ZZ-0035(Q), Nuclear Licensing and Reporting (NAP-35)
 - 8.15.6 NC.CA-TM.ZZ-0003(Z), Root Cause Manual
 - 8.15.7 NC.CA-TM.ZZ-0004(Z), Root Cause Evaluation Template
 - 8.15.8 NC.CA-TM.ZZ-0005(Z), Apparent Cause Evaluation Template
 - 8.15.9 NC.CA-TM.ZZ-0006(Z), Corrective Action Review Board

8.15.10 NC.CA-TM.ZZ-0002(Z), Coding and Trending Guideline

8.16 **Commitment Documents**

8.16.1 CD-176Y (10CFR50, Sections 2, 9, 36, 55, 59, 65, 72, 73, and Appendix B, Criterion XV & XVI)

8.16.2 CD-907X (FSAR 13.5)

8.16.3 CD-936G (Maintenance Rule)

8.16.4 CD-147Y ((ANSI Standard ANS-3.2/N18.7 - 1976, Administrative Control and Quality Assurance for the Operational Phase of Nuclear Power Plants, Section 5.2.11 (Salem only))

8.16.5 C0515 (NSO AMEN 142/121)

8.16.6 C0513 (NRC-ORDE-83-05-06-C.4-A.1, Salem Restart SER, 5/29/83)

8.16.7 C0578 (NSO Maintenance Rule)

8.17 **Condition Reports Revision 1**

8.17.1 CR980526151

8.17.2 CR980612122

8.17.3 CR980707255

8.18 **Condition Reports Revision 2**

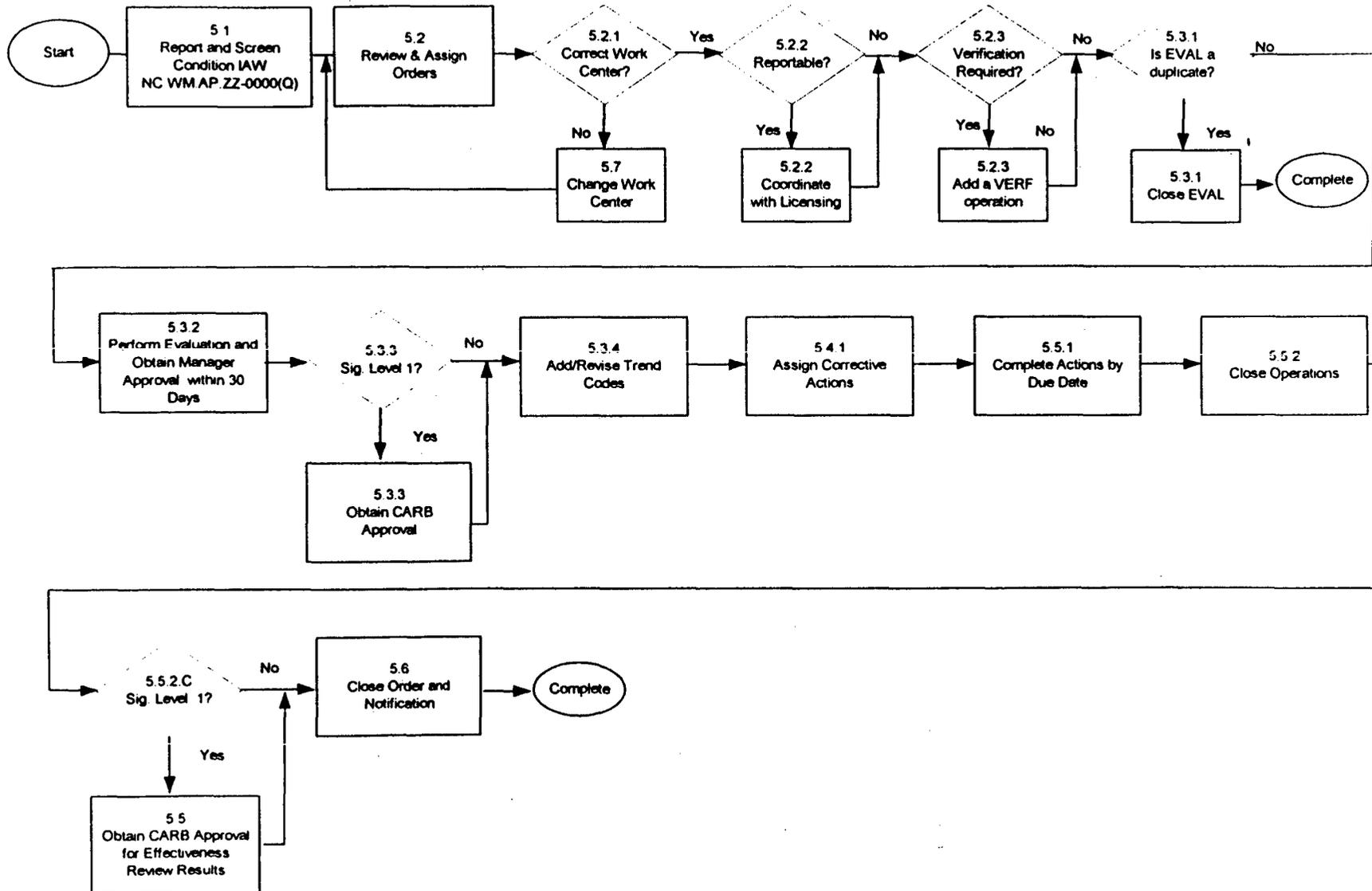
8.18.1 Order 70006632

8.18.2 Order 70005521

8.19 **Condition Reports Revision 3**

8.19.1 Order 70011604

ATTACHMENT 1 PERFORMANCE IMPROVEMENT PROCESS FLOWCHART



ATTACHMENT 2 CONDITION REPORT EVALUATION GUIDANCE

LEVEL 1 ROOT CAUSE

Investigate and develop a report using the guidance provided in NC.CA-TM.ZZ-0003(Z), Root Cause Manual. [CR980526151] and NC.CA-TM.ZZ-0004(Z), Root Cause Evaluation Template.

Include a **brief statement** to address the items listed below:

- Description of the condition.
- Determination of root causes. [CD-907X]
 - Extent of the condition, any common mode failures or generic implications. [C0515] (e.g., applicability to Hope Creek and Salem Generating Stations).
 - Program or process failures and their causes.
 - Safety significance of the condition.
 - Results of operating experience review to identify similar site and industry events. [C0515]
 - Impact to design/licensing basis.
- Actions to correct the condition and prevent recurrence. [CD-907X]
- Completion of corrective actions to be implemented.
 - Effectiveness review plan or justification for not performing an effectiveness review.

APPARENT CAUSE GUIDANCE

LEVEL 2 APPARENT CAUSE

Investigate and develop a report using the guidance provided in NC.CA-TM.ZZ-0005(Z), Apparent Cause Evaluation Template.

Include a **brief statement** to address the items listed below:

- Condition or Event Description
- Significance
- Apparent Causes, and Failure Mechanisms
- Corrective Actions (CRCAs)

ATTACHMENT 2 CONDITION REPORT EVALUATION GUIDANCE

LEVEL 3 EVALUATION

Include brief statements to address:

- Describe the CAQ or QC condition and its impact on plant or industrial safety and/or business goals.
- State cause, if known (optional)
- Document previously completed action(s) and if the action(s) corrected the condition or addressed the issue.
- If no further actions are required to correct condition/address issue, document this.
- Specify additional CRCAs.

Examples of acceptable Level 3 evaluations:

- Low flow, filter found plugged, changed filter CM 60019999, and no further action required.
- Procedure steps incorrect. Cannot be performed as written. Procedure writer failed to verify mark-up, SQR failed to identify technical issue with procedure. CRCA 0020 created to revise procedure.

**ATTACHMENT 3
EFFECTIVENESS REVIEW GUIDANCE
[CR980526151]**

1. An effectiveness review is a documented assessment of whether or not the actions intended to prevent recurrence of a significant condition adverse to quality (SCAQ) have actually done so. It is recognized that absolute prevention of recurrence may not be practical. To be considered effective, the actions should be shown to have significantly reduced the likelihood or frequency of recurrence.
2. Effectiveness reviews are normally expected to be performed for SL-1 CRs. However, if the specific conditions of the CR make an effectiveness review impractical, the CR Owner may decide that one is not required. The evaluation report should provide an explanation of the basis for that decision and should be approved by CARB. Effectiveness reviews are not normally performed for SL-2 or SL-3 CRs.
3. If the CR Owner determines that a planned effectiveness review is impractical, the explanation should be entered into the "VERF" (verification) operation and document CARB's concurrence.
4. To adequately assess the effectiveness of corrective actions, the review should be performed at a reasonable time after completion of the corrective actions.
 - If there is a long time period (many months) between completion of the initial corrective actions, and completion of the final corrective actions, the CR Owner should consider conducting two or more effectiveness reviews. The first to assess the effectiveness of the earlier actions, and subsequent ones to assess the effectiveness of all of the corrective actions.
 - Effectiveness reviews of design changes should be performed at least three months after the DCP system is returned to operational status.
5. The record of the effectiveness review should include:
 - Brief summary of the issue and purpose of the review.
 - Describe the assessment methodology (e.g., documents used, performance monitored, persons interviewed) and scope.
 - Results of the effectiveness review.
 - Status of corrective actions (all should be completed for the final effectiveness review).
 - Clear explanation that the corrective actions have prevented (or significantly reduced the likelihood of) recurrence.
 - Discussion of any new problems that may have been created or statement that no new problems were created.

ATTACHMENT 4 TECHNICAL SUPPORT (NUTS) ORDER GUIDANCE

Initiations

- SRO screeners may create or delegate *orders* to be created as necessary to support 24-hour coverage.
- Departments may create *NUTS orders* for level X conditions for its own use or for another work center that agreed to accept the order/operation.
- Confirm that a due date is located in the "*Restriction*" section in the "*End*" date space in the EVAL operation.

Evaluation

- Identify an Owner and due dates for all *operations*.
- Review the issue or condition. If it is an SCAQ, CAQ or QC or requires corrective maintenance, issue a notification in accordance with NC.WM-AP.ZZ-0000(Q).
- Document the evaluation, including actions taken and required actions, in *SAP*.
- Create additional *operations* and/or *sub-orders* as needed to assign actions and monitor status. Assign due dates as needed to support department needs and priorities.
- Do not use the *CRCA control key*.

Assign, Complete and Close

- Complete actions as stated or revise as needed. Obtain agreement between originator and Owner when applicable. Document results in *SAP*.
- Document justification for not completing an action.
- Document *operation* closure in a final confirmation.
- Close *NUTS orders* by depressing the "*Compl (Tech)*" button while in the *order*.
- If a *notification* exists, close the *notification* by taking it to *complete (NOCO)*.

**EXHIBIT 1
SAP USER AIDE**

Path: Logistics, Plant Maintenance, PM Processing
Notification or Order, Change or Display, enter notification or order number and Press Hat Button

