

CONDITION REPORT

CR Number
04-06493

TITLE: SECURITY HUMAN PERFORMANCE NOT MEETING IMPROVEMENT EXPECTATIONS

O R I G I N A T I O N	DISCOVERY DATE 8/19/2004		TIME 3:30 PM		EVENT DATE 08/16/2004		TIME 09:30 AM		SYSTEM / ASSET# N/A N/A	
	EQUIPMENT DESCRIPTION Not Equipment Specific									
	DESCRIPTION OF CONDITION and PROBABLE CAUSE (if known) Summarize any attachments. Identify what, when, where, why, how. As part of a review of the Site Protection Section Human Performance, the expected improvement of the Section Performance is not being achieved. The number of Section Clock Resets during the first seven months of 2004 does not support the Section Goals.									
	IMMEDIATE ACTIONS TAKEN / SUPV COMMENTS (Discuss CORRECTIVE ACTIONS completed, basis for closure.) The results were reviewed and discussed with the Section Supervision & Management. The Site Force Supervisor will develop a Self-Assessment or Recovery Plan. Include (roll in) the investigation of CR#04-06287 within this Self-Assessment or Recovery Plan.									
P L A N T O P E R A T I O N S	QUALITY ORGANIZATION USE ONLY			IDENTIFIED BY (Check one)				ATTACHMENTS		
	Quality Org. Initiated <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Self-Revealed <input type="checkbox"/> Individual/Work Group <input checked="" type="checkbox"/> Supervision/Management				<input type="checkbox"/> Internal Oversight <input type="checkbox"/> External Oversight		
	Quality Org. Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	ORIGINATOR MORGAN, K		ORGANIZATION 0070		DATE 8/19/2004		SUPERVISOR WRIGHT, S		DATE 8/19/2004	
									PHONE EXT. 7420	
	SRO REVIEW		EQUIPMENT OPERABLE		OPERABILITY ASSESSMENT REQUIRED		ORG. NOTIFIED		IMMEDIATE INVESTIGATION REQUIRED	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
									ORG. NOTIFIED	
									MODE CHANGE RESTRAINT	
									<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
MODE		ASSOCIATED TECH SPEC NUMBER(S)			ASSOCIATED LCO ACTION STATEMENT(S)					
N/A		N/A			#1 N/A					
					#2					
					#3					
DECLARED INOPERABLE (Date / Time)			REPORTABLE?		One Hour N/A			APPLICABLE UNIT(S)		
N/A			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Four Hour N/A			<input type="checkbox"/> U1 <input type="checkbox"/> U2 <input checked="" type="checkbox"/> Both		
			<input type="checkbox"/> Eval Required		Eight Hour N/A					
					Other N/A					
COMMENTS N/A										
Current Mode - Unit 1		Power Level - Unit 1		Current Mode - Unit 2		Power Level - Unit 2				
N/A		N/A		N/A		N/A				
SRO - UNIT 1				SRO - UNIT 2				DATE		
Approved By Supv				Approved By Supv				8/19/2004		
CRPA / SUPV / MRB	CATEGORY / EVAL		ASSIGNED ORGANIZATION			DUE DATE		REPORTABLE?		
	CA		BVSP			2/3/2005		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> LER No.		
	TREND CODES		Comp Type / ID (If Cause T or W)		Cause Org		REPORTABILITY REVIEWER			
	Process / Activity / Cause Code(s)						Micknac, D			
	LP2 3800 F08				BVSP		DATE			
		8888 B06		BVSP		08/20/04				
INVESTIGATION OPTIONS						CLOSED BY		DATE		
<input type="checkbox"/> Maint.Rule <input type="checkbox"/> OE Evaluation										

Information in this record was deleted in accordance with the Freedom of Information Act, exemptions 4
 FOIA-2005-0235

B-1

CORRECTIVE ACTION					CR Number: 04-06493	
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: CA	Action Type: (Z) Rollover	Schedule Type: (A) Normal Work Management		CA Number: 1	
	Corrective Action Type: (OT) Other Action		Cause Code: (NA) Not a Deficiency			Resp Org: 0070
	Description: Condition Report 04-06287 is being categorized as CC and being rolled over to Condition Report 04-06493. Please ensure that all issues specific to Condition Report 04-06287 are addressed in the response/corrective actions to Condition Report 04-06493.					
	Completed By: ROLLOVER,		Organization: 0069	Date: 8/26/2004	Phone: 0000	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: N/A		Other Tracking # N/A		Corrective Action Due Date: 10/3/2004	
	Approval: (Enter Name and Sign) ROLLOVER,			Section: 0070	Date: 8/26/2004	
QUAL- ITY	Quality Organization Approval:				Date:	
I M P L E M E N T I N G O R G	Response: Issues associated with Condition Report 04-06287 will be addressed on the response to Condition Report 04-06493.					
	Corrective Action Implementation Date:					10/1/2004
	☑ Signature Indicates Corrective Action complete:					
	Completed By: MORGAN, M			Date: 10/1/2004		
	☑ Signature Indicates verification for SCAQ CRs:					
Verified By:			Date:			
☑ Enter Name and Sign:						
Implementing Organization Approval: MIKLAVIC, L			Date: 10/1/2004			
Q V E R I F I E R	Comments:					
	Approval:				Date:	

CORRECTIVE ACTION					CR Number: 04-06493	
NOP-L.P-2001-05						
O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management		CA Number: 2	
	Corrective Action Type: (RA) Remedial Action		Cause Code: (F08) Workmanship			Resp Org: 0070
	Description: This corrective action generated in error.					
	Completed By: MORGAN, K		Organization: 0070	Date: 9/29/2004	Phone: 5127	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: N/A		Other Tracking # N/A		Corrective Action Due Date: 10/8/2004	
	Approval: (Enter Name and Sign) MIKLAVIC, L			Section: 0070	Date: 9/29/2004	
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: This corrective action generated in error.					
	Corrective Action Implementation Date:					9/29/2004
	┆ Signature Indicates Corrective Action complete:					
	Completed By: MORGAN, K			Date: 9/29/2004		
	┆ Signature Indicates verification for SCAQ CRs:					
Verified By:			Date:			
┆ Enter Name and Sign:						
Implementing Organization Approval: MIKLAVIC, L			Date: 9/29/2004			
Q U E R I E S	Comments:					
	Approval:				Date:	

CORRECTIVE ACTION

CR Number:

04-06493

NOP-I.P-2001-05

O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management		CA Number: 3
	Corrective Action Type: (RA) Remedial Action		Cause Code: (B06) Prog/process weak		Resp Org: 0070
	Description: This corrective action is being initiated to track the security section Human Performance read and sign, associated with this condition report, which is expected to be completed by mid-October.				
	Completed By: MORGAN, K		Organization: 0070	Date: 10/1/2004	Phone: * 5127 *
A C C E P T	If a Refueling Outage is required, Enter the Refueling Outage number: N/A		Other Tracking # N/A	Corrective Action Due Date: 10/29/2004	
	Approval: (Enter Name and Sign) MIKLAVIC, L			Section: 0070	Date: 10/1/2004
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: Read and sign has been completed by the security force on October 27 , 2004. All signed rosters are being maintained in the Security force supervisors office.				
	Corrective Action Implementation Date:				10/27/2004
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete: Completed By: MORGAN, K Date: 10/29/2004				
	<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs: Verified By: Date:				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: MIKLAVIC, L Date: 10/29/2004				
Q U E R I E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION					CR Number: 04-06493	
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management		CA Number: 4	
	Corrective Action Type: (RA) Remedial Action		Cause Code: (B06) Prog/process weak			Resp Org: BVSP
	Description: This corrective action is being initiated to track security completion of the Human Performance video, associated with this condition report. Rosters will completed along with this task.					
	Completed By: MORGAN, K		Organization: 0070	Date: 10/1/2004	Phone: *51273	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: N/A		Other Tracking # N/A		Corrective Action Due Date: 12/3/2004	
	Approval: (Enter Name and Sign) MIKLAVIC, L			Section: BVSP	Date: 10/1/2004	
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: Review and signatures of the Human Performance packet and Safety video tape has been completed as of November 30,2004. Rosters are being kept in the Site Force Supervisors office.					
	Corrective Action Implementation Date:					12/2/2004
	<input checked="" type="checkbox"/> Signature Indicates Corrective Action complete:					
	Completed By:		MORGAN, K	Date: 12/2/2004		
<input checked="" type="checkbox"/> Signature Indicates verification for SCAQ CRs:						
Verified By:		Date:				
<input checked="" type="checkbox"/> Enter Name and Sign:						
Implementing Organization Approval:		MIKLAVIC, L	Date: 12/2/2004			
Q U E R I E R	Comments:					
	Approval:					Date:

CORRECTIVE ACTION				CR Number: 04-06493		
NOP-LP-2001-05						
O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management		CA Number: 5	
	Corrective Action Type: (RA) Remedial Action		Cause Code: (B06) Prog/process weak		Resp Org: BVSP	
	Description: The Securitas Site Force Supervisor will work with the Securitas Regional office to schedule Leadership/Supervisory training and Management Ownership for supervision. This schedule is to be finalized during the first quarter of 2005.					
	Completed By: MIKLAVIC, L		Organization: BVSP	Date: 1/19/2005	Phone: 7811	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: N/A		Other Tracking # N/A	Corrective Action Due Date: 4/8/2005		
	Approval: (Enter Name and Sign) MORGAN, K			Section: BVSP	Date: 1/19/2005	
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:		Verified By:			Date:
	<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: 04-06493	
NOP-LP-2001-05					
O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management	CA Number: 6	
	Corrective Action Type: (RA) Remedial Action	Cause Code: (B06) Prog/process weak		Resp Org: BVSP	
	Description: The Securitas Site Force Supervisor will work with the Securitas Regional office to schedule Core Communications and Civil Treatment training as needed and identified by the Client. This schedule is to be finalized by the first quarter of 2005.				
	Completed By: MIKLAVIC, L	Organization: BVSP	Date: 1/19/2005	Phone: 7811	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: N/A		Other Tracking # N/A	Corrective Action Due Date: 4/8/2005	
	Approval: (Enter Name and Sign) MORGAN, K			Section: BVSP	Date: 1/19/2005
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:				
Verified By:			Date:		
<input checked="" type="checkbox"/> Enter Name and Sign:					
Implementing Organization Approval:			Date:		
Q U E R I F I E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION					CR Number: 04-06493
NOP-I.P-2001-05					
O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management		CA Number: 7
	Corrective Action Type: (RA) Remedial Action		Cause Code: (F08) Workmanship		Resp Org: BVSP
	Description: The Securitas security force is to receive training for the Accountability Ladder and Discipline of Execution. This training will be scheduled and completed as officers progress through the current training Trimester.				
	Completed By: MIKLAVIC, L	Organization: BVSP	Date: 1/19/2005	Phone: *7811*	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: N/A		Other Tracking # N/A	Corrective Action Due Date: 4/29/2005	
	Approval: (Enter Name and Sign) MIKLAVIC, L			Section: BVSP	Date: 1/19/2005
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: Verified By: _____ Date: _____				
	<input checked="" type="checkbox"/> Enter Name and Sign: Implementing Organization Approval: _____ Date: _____				
Q V E A R L I F T I Y E R	Comments:				
	Approval:				Date:

CORRECTIVE ACTION						CR Number: 04-06493	
NOP-LP-2001-05							
O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management		CA Number: 8		
	Corrective Action Type: (RA) Remedial Action		Cause Code: (F08) Workmanship			Resp Org: BVSP	
	Description: The Securitas Site Force Supervisor will re-distribute the Safety Conscious Work Environment survey to all security personnel during the month of February 2005.						
	Completed By: MIKLAVIC, L		Organization: BVSP	Date: 1/19/2005	Phone: *7811*	Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ACC- EPT	If a Refueling Outage is required, Enter the Refueling Outage number: N/A		Other Tracking # N/A		Corrective Action Due Date: 3/4/2005		
	Approval: (Enter Name and Sign) MORGAN, K			Section: BVSP	Date: 1/19/2005		
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:		Verified By:		Date:		
	<input checked="" type="checkbox"/> Enter Name and Sign:		Implementing Organization Approval:		Date:		
Q U E R I F I E R	Comments:						
	Approval:				Date:		

CORRECTIVE ACTION

CR Number:

04-06493

NOP-LP-2001-05

O R I G I N A T O R	CR Category: CA	Action Type: (V) Other	Schedule Type: (A) Normal Work Management		CA Number: 9	
	Corrective Action Type: (RA) Remedial Action	Cause Code: (B06) Prog/process weak			Resp Org: BVSP	
	Description: Securitas will perform Quarterly reviews of Human Performance and Safety and the findings will be discussed with the FENOC Security staff. Meetings are to be scheduled March, June, September and December of 2005. Upon closure of this corrective action, additional corrective actions will be generated to complete this action. THIS WAS APPROVED BY CARB MEETING 05-04.					
	Completed By: MIKLAVIC, L	Organization: BVSP	Date: 1/19/2005	Phone: 7811	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: N/A		Other Tracking # N/A	Corrective Action Due Date: 6/24/2005		
	Approval: (Enter Name and Sign) MORGAN, K			Section: BVSP	Date: 1/19/2005	
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:					
	Signature Indicates Corrective Action complete:		Date:			
	Completed By:					
	Signature Indicates verification for SCAQ CRs:		Date:			
Verified By:						
Enter Name and Sign:		Date:				
Implementing Organization Approval:						
Q U E R I L I T Y R	Comments:					
	Approval:				Date:	

CORRECTIVE ACTION

CR Number:

04-06493

NOP-LP-2001-05

O R I G I N A T O R	CR Category: CA	Action Type: (R) Effectiveness Review	Schedule Type: (A) Normal Work Management		CA Number: 10
	Corrective Action Type: (OT) Other Action	Cause Code: (NA) Not a Deficiency			Resp Org: BVSP
	Description: Based on information gathered during Quarterly reviews, the Securitas Site Force Supervisor will perform an Effectiveness Review to ensure identified Corrective Actions are achieving the desired outcome.				
Completed By: MIKLAVIC, L		Organization: BVSP	Date: 1/19/2005	Phone: 7811	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: N/A		Other Tracking # N/A	Corrective Action Due Date: 12/23/2005	
	Approval: (Enter Name and Sign) MIKLAVIC, L			Section: BVSP	Date: 1/19/2005
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:		Verified By:		Date:
	<input checked="" type="checkbox"/> Enter Name and Sign:		Implementing Organization Approval:		Date:
Q U E R I L I T Y R	Comments:				
	Approval:				Date:

10CFR21 Decision Applicability Checklist

CR Number

NOP-LP-2001-04

04-06493

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:

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:
MIKLAVIC, L

DATE:
11/11/2004

GENERIC IMPLICATIONS

CR Number

04-06493

NOP-I.P-2001-02

Past occurrences of the issue at the site.

Document Number:	Description:	Previous Response:
See below	See below	See below

continued on attached

Past occurrences of the issue in the industry.

Document Number:	Description:	Previous Response:
N/A	N/A	N/A

continued on attached

Experience Review Questions:

1. Do past occurrences of similar conditions (as identified above) indicate a generic or broader scope issue?
Yes. Human performance is a broad scope issue and it is being addressed by all work sections at BVPS.

2. Discuss the effectiveness of prior corrective actions for similar identified conditions (if applicable).
How are currently proposed preventive action(s) different so as to be more effective (if applicable)?

Prior corrective actions have been ineffective at preventing or minimizing security human performance trends. Evidence is based on the list described in the investigation summary where numerous incidents were reviewed including missing the same fire tour twice within a two week period.

Previous corrective actions did not identify a common cause of workmanship and program/process weaknesses. This condition report will address workmanship and program/process weakness through targeted specific training, surveys and FENOC oversight of security contractor services.

Extent Of Condition Questions:

3. Based on your knowledge and the results of the database review, is the condition present in other identical or similar equipment, processes, programs or applications?

Database review indicates that Human Performance related deficiencies and adverse trends have been identified as a site-wide improvement problem.

4. Was a new CR initiated? No

5. Why / Why Not?

Once the collective review of the eighteen incidents was completed, it was determined that the additional corrective actions have been deemed sufficient to begin a satisfactory resolution to the problem.

Completed By:
MORGAN, K

DATE:
1/20/2005

GENERIC IMPLICATIONS

CR Number

NOP-LP-2001-02

04-06493

Past Site Occurrences (Continuation Sheet)

See the cause analysis for description of security section clock resets.

Past Industry Occurrences (Continuation Sheet)

Searching the INPO web using Human Performance resulted in a number of industry events and operating experience related to declining human performance trends. Each event was addressed using industry accepted human performance improvement tools such as self check, peer check, management observations and supervisory oversight.

INVESTIGATION SUMMARY

CR Number:

04-06493

NOP-LP-2001-06

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

For Fix Investigations Only:

Hardware / Degraded Condition Resolution Required? Yes No If Yes: Repair Scrap
 Rework Use-As-Is

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

Corrective Actions (listed below)	Originator Identification (listed below, if any)	Date (listed below, if any)
Cause Analysis	MORGAN, K	1/20/2005
Generic Implications	MORGAN, K	1/20/2005
10 CFR 21 Decision Checklist	MIKLAVIC, L	11/11/2004

Acceptance of Investigation: **Halliday, K** Date: **10/1/2004** Quality Approval: _____ Date: _____

Site-VP Acceptance: _____ Date: _____

Closure Comments:

Quality Comments:

CORRECTIVE ACTIONS

CA Number:	Sched Type:	CA Type:	Cause Code:	Resp Org. Codes:	CA Acceptance:	Accept Date:	Due Date:	Completed Date:
1	A	OT	NA	0070	ROLLOVER,	8/26/04	10/3/2004	10/1/2004
2	A	RA	F08	0070	MIKLAVIC, L	9/29/04	10/8/2004	9/29/2004
3	A	RA	B06	0070	MIKLAVIC, L	10/1/04	10/29/2004	10/27/2004
4	A	RA	B06	BVSP	MIKLAVIC, L	10/1/04	12/3/2004	12/2/2004
5	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
6	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
7	A	RA	F08	BVSP	MIKLAVIC, L	1/19/05	4/29/2005	
8	A	RA	F08	BVSP	MORGAN, K	1/19/05	3/4/2005	
9	A	RA	B06	BVSP	MORGAN, K	1/19/05	6/24/2005	
10	A	OT	NA	BVSP	MIKLAVIC, L	1/19/05	12/23/2005	

INVESTIGATION SUMMARY

CR Number:

04-06493

NOP-LP-2001-06

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

For Fix Investigations Only:

Hardware / Degraded Condition Resolution Required? Yes No If Yes: Repair Scrap
 Rework Use-As-Is

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

Corrective Actions (listed below)	Originator Identification (listed below, if any)	Date (listed below, if any)
Cause Analysis	MORGAN, K	1/20/2005
Generic Implications	MORGAN, K	1/20/2005
10 CFR 21 Decision Checklist	MIKLAVIC, L	11/11/2004

Acceptance of Investigation: Date: Quality Approval: Date:
 Dibler, R for Halliday 11/11/2004

Site-VI Acceptance: Date:

Closure Comments:

Quality Comments:

CORRECTIVE ACTIONS

CA Number:	Sched Type:	CA Type:	Cause Code:	Resp Org. Codes:	CA Acceptance:	Accept Date:	Due Date:	Completed Date:
1	A	OT	NA	0070	ROLLOVER,	8/26/04	10/3/2004	10/1/2004
2	A	RA	F08	0070	MIKLAVIC, L	9/29/04	10/8/2004	9/29/2004
3	A	RA	B06	0070	MIKLAVIC, L	10/1/04	10/29/2004	10/27/2004
4	A	RA	B06	BVSP	MIKLAVIC, L	10/1/04	12/3/2004	12/2/2004
5	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
6	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
7	A	RA	F08	BVSP	MIKLAVIC, L	1/19/05	4/29/2005	
8	A	RA	F08	BVSP	MORGAN, K	1/19/05	3/4/2005	
9	A	RA	B06	BVSP	MORGAN, K	1/19/05	6/24/2005	
10	A	OT	NA	BVSP	MIKLAVIC, L	1/19/05	12/23/2005	

INVESTIGATION SUMMARY

CR Number:
04-06493

NOP-I.P-2001-06

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

For Fix Investigations Only:

Hardware / Degraded Condition Resolution Required? Yes No If Yes: Repair Scrap
 Rework Use-As-Is

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

Corrective Actions (listed below)	Originator Identification (listed below, if any)	Date (listed below, if any)
Cause Analysis	MORGAN, K	1/20/2005
Generic Implications	MORGAN, K	1/20/2005
10 CFR 21 Decision Checklist	MIKLAVIC, L	11/11/2004

Acceptance of Investigation: Date: Quality Approval: Date:
 Dibley, R for Halliday 12/23/2004

Site-VIP Acceptance: Date:

Closure Comments:

Quality Comments:

CORRECTIVE ACTIONS

CA Number:	Sched Type:	CA Type:	Cause Code:	Resp Org. Codes:	CA Acceptance:	Accept Date:	Due Date:	Completed Date:
1	A	OT	NA	0070	ROLLOVER,	8/26/04	10/3/2004	10/1/2004
2	A	RA	F08	0070	MIKLAVIC, L	9/29/04	10/8/2004	10/29/2004
3	A	RA	B06	0070	MIKLAVIC, L	10/1/04	10/29/2004	10/27/2004
4	A	RA	B06	BVSP	MIKLAVIC, L	10/1/04	12/3/2004	12/2/2004
5	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
6	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
7	A	RA	F08	BVSP	MIKLAVIC, L	1/19/05	4/29/2005	
8	A	RA	F08	BVSP	MORGAN, K	1/19/05	3/4/2005	
9	A	RA	B06	BVSP	MORGAN, K	1/19/05	6/24/2005	
10	A	OT	NA	BVSP	MIKLAVIC, L	1/19/05	12/23/2005	

INVESTIGATION SUMMARY

CR Number:

04-06493

NOP-LP-2001-06

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

For Fix Investigations Only:

Hardware / Degraded Condition Resolution Required? Yes No If Yes: Repair Scrap
 Rework Use-As-Is

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

Corrective Actions (listed below)	Originator Identification (listed below, if any)	Date (listed below, if any)
Cause Analysis	MORGAN, K	1/20/2005
Generic Implications	MORGAN, K	1/20/2005
10 CFR 21 Decision Checklist	MIKLAVIC, L	11/11/2004

Acceptance of Investigation: Date: Quality Approval: Date:
 Halliday, K 1/21/2005

Site-VF Acceptance: Date:

Closure Comments:

Quality Comments:

CORRECTIVE ACTIONS

CA Number:	Sched Type:	CA Type:	Cause Code:	Resp Org. Codes:	CA Acceptance:	Accept Date:	Due Date:	Completed Date:
1	A	OT	NA	0070	ROLLOVER,	8/26/04	10/3/2004	10/1/2004
2	A	RA	F08	0070	MIKLAVIC, L	9/29/04	10/8/2004	10/29/2004
3	A	RA	B06	0070	MIKLAVIC, L	10/1/04	10/29/2004	10/27/2004
4	A	RA	B06	BVSP	MIKLAVIC, L	10/1/04	12/3/2004	12/2/2004
5	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
6	A	RA	B06	BVSP	MORGAN, K	1/19/05	4/8/2005	
7	A	RA	F08	BVSP	MIKLAVIC, L	1/19/05	4/29/2005	
8	A	RA	F08	BVSP	MORGAN, K	1/19/05	3/4/2005	
9	A	RA	B06	BVSP	MORGAN, K	1/19/05	6/24/2005	
10	A	OT	NA	BVSP	MIKLAVIC, L	1/19/05	12/23/2005	