



Management Meeting NRC Region II

Turkey Point Nuclear Plant Units 3 and 4

Briefing on Substantive Cross-cutting Issue

October 26, 2006

Agenda

- **Introductions**
- **Topics of Discussion**
 - Overview
 - Corrective Action Program Initiatives
 - Corrective Action Program Gaps
 - Corrective Action Program Actions
 - Human Performance Root Cause
- **Closing Comments**

Overview

- **Extensive changes implemented in the Corrective Action Program (CAP) since 2003**
- **Indications of improved performance**
- **Additional improvements are necessary to meet industry performance standards**

CAP Initiatives 2003 - 2005

- **Formed Performance Improvement Department**
- **Established Condition Report Oversight Group (CROG) and CAP coordinators (CAPCOs)**
- **Implemented fleet procedure**
- **Implemented electronic condition report system**
- **Developed program indicators and handbooks**
- **Established and reinforced expectations for condition report (CR) initiation**
- **Implemented standards and trending for causal evaluation quality**

CAP Initiatives 2006

- **Implemented improved indicators for CAP health**
- **Developed improved handbooks for root and apparent cause analysis**
- **Provided training on causal analysis**
- **Established more rigorous management and process controls for review and closeout of evaluations and actions**
- **Improved focus on MSPI and Maintenance Rule systems**
- **Developed improved trending**

CAP Initiatives 2006

- **Implemented qualifications for CROG and CAPCOs**
- **Identified process changes to improve CR screening, efficiency and extension justification**
- **Established action plans for additional initial and continuing CAP training for station personnel**

CAP Progress

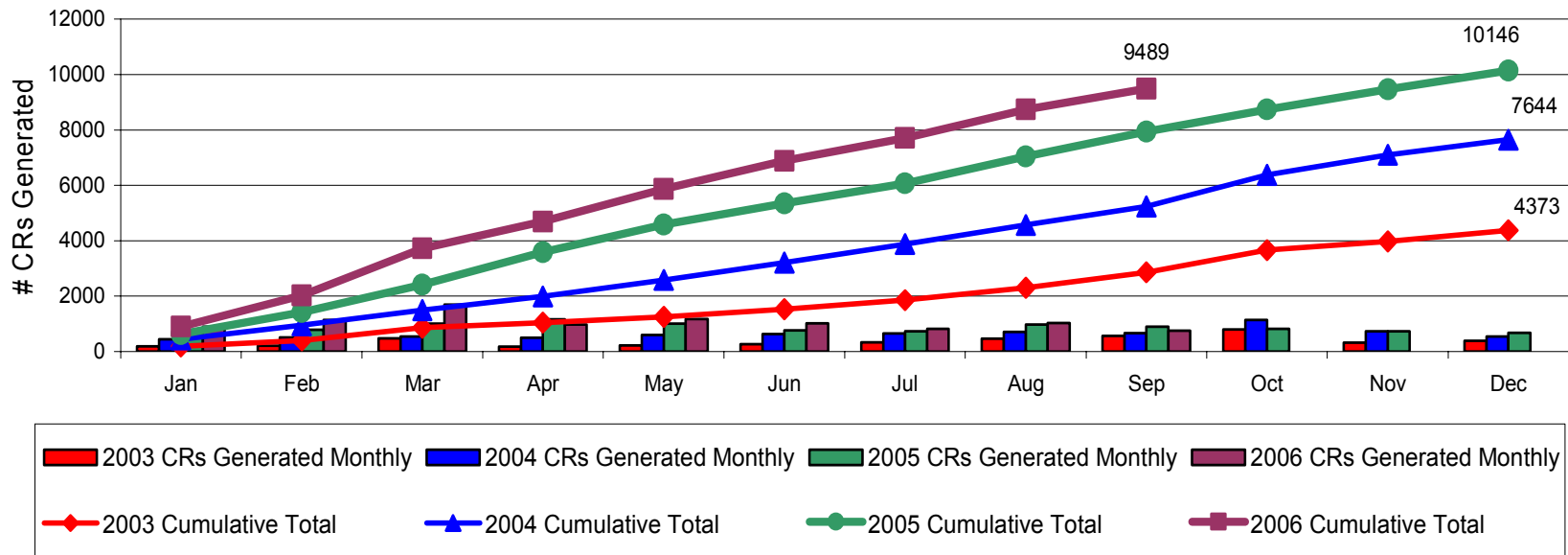
- **Station continues to improve in the area of CR initiation**
- **Quality of causal analysis has improved in Engineering**
- **Senior management involvement is strong**
- **Program performance monitoring has matured**

CAP Indicators

NUMBER OF CONDITION REPORTS INITIATED SITE-WIDE

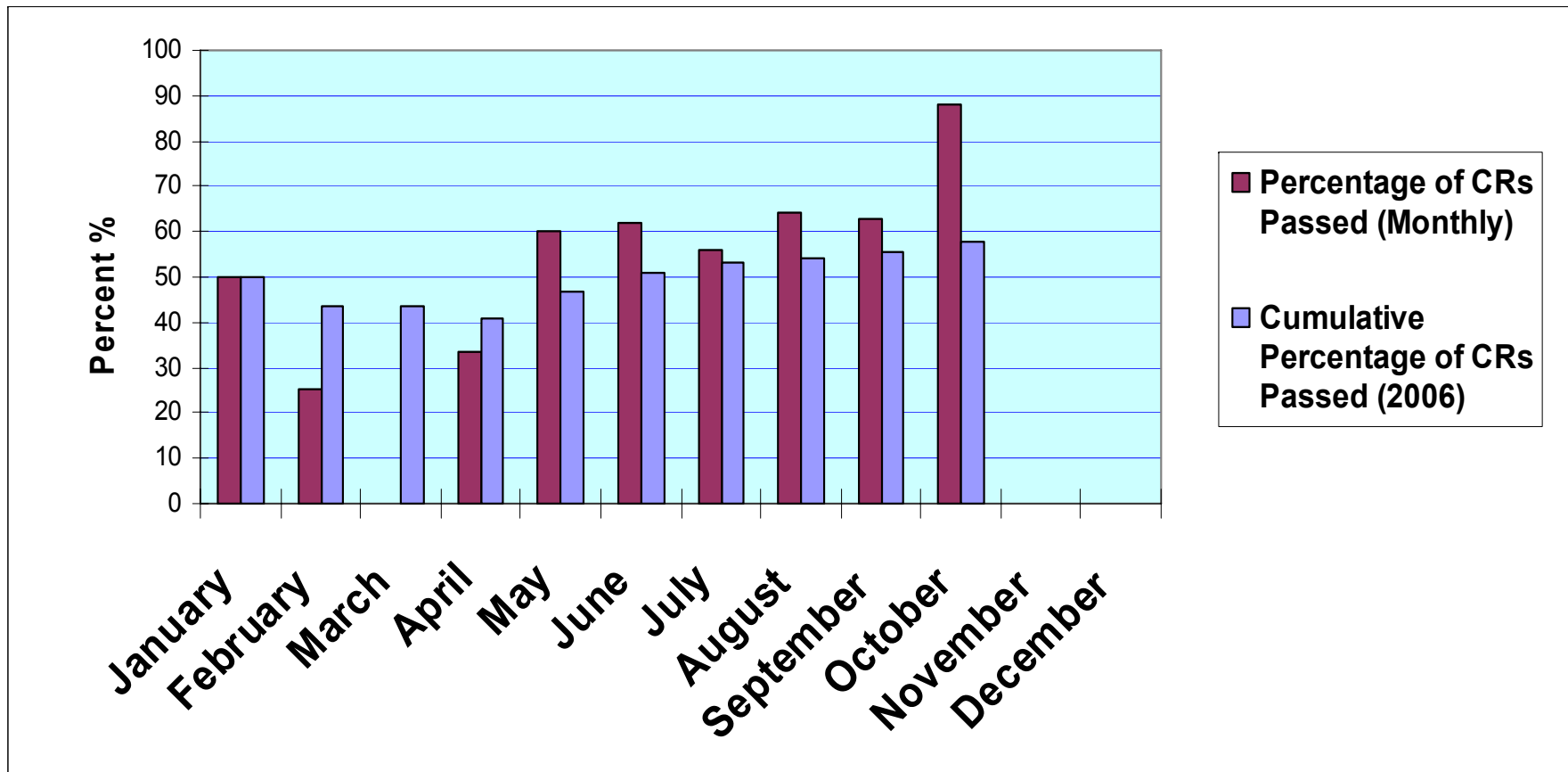
Definition / Goal

Cumulative number of Condition Reports (CR) generated. In addition, CRs generated monthly. Indicator is used to monitor participation in the Corrective Action Program.



CAP Indicators

Engineering CR Quality



Identified Gaps

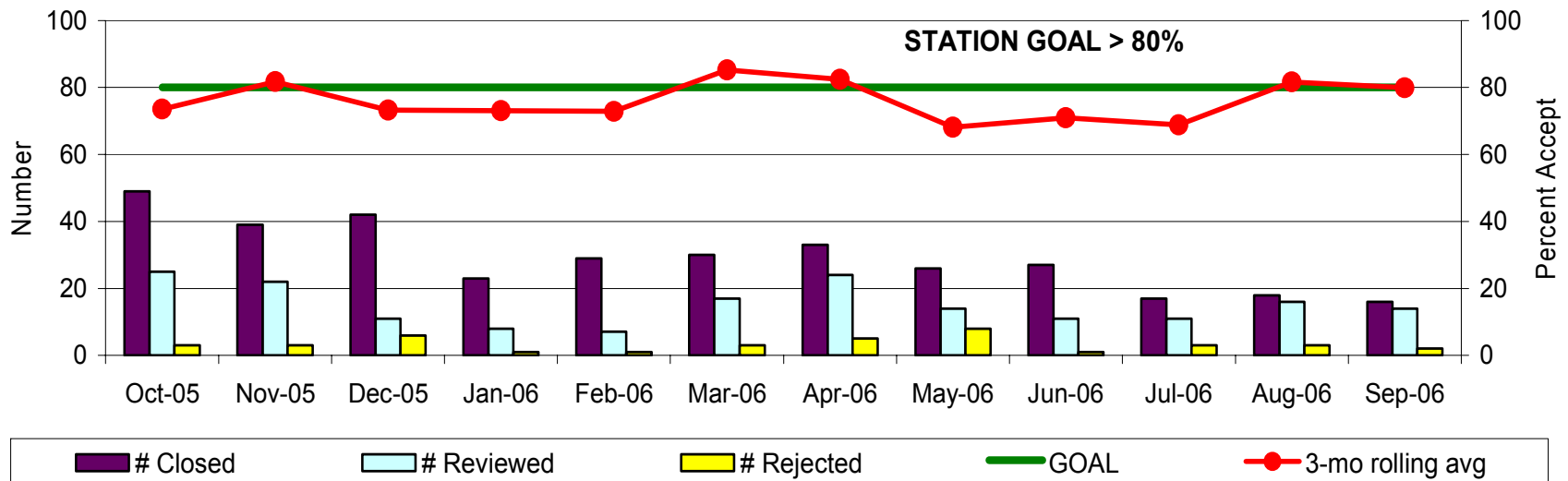
- **Evaluation timeliness**
- **Consistent evaluation quality**
- **Action closure quality and timeliness**
- **Prioritization of corrective actions and work orders**
- **Trending effectiveness**

CAP Indicators

QUALITY OF CAUSE ANALYSIS / INVESTIGATION STATION AVERAGE

Definition / Goal

Percentage of Root Cause and Apparent Cause evaluations that met established grading criteria as determined by CAPCOs, CROG or PID. Sample of 25% of closed evaluations will be reviewed to the criteria specified in the CAP Handbook. The percent of reviewed accepted is a 3-month rolling average. Three consecutive data points (starting in April 2004) below the station goal will result in an increased sample size to 50%.



CAP Indicators

Site CAP Health Index (Overall Performance) - September 2006			Y
Performance Indicator	PI Definition	Weight	Score
Quality Quality of CAP evaluations is paramount in determining the proper corrective actions.			Y
Quality of Cause Analysis	Percentage of Apparent and Root Cause evaluations passed first time during review process.	2.0	80.0%
Repeat Events	Number of Repeat Events. Repeat events defined as "Two or more independent occurrences of the same condition which are the result of the same basic causes for which previous corrective actions to prevent or minimize recurrence failed (typically within a two-year period). Applies to RCE and ACE only. (0 MSPI)	2.0	1
Quality of Closure Reviews	Percentage of CAPRs, Routine C/As, and Effectiveness Reviews passed during the month.	2.0	79.6%
Timeliness Timely resolution of problems can minimize repetitive problems.			R
Overdue Condition Report Evaluations	Percent of CR evaluations submitted by due date	1.0	82.9%
Overdue Condition Report Actions	Percent of CR Actions submitted by due date	1.0	92.1%
Average Age of Open Evaluations	Average age (days) of open SL 1-3 CR evaluations (CAQ & Non-CAQ).	1.0	78.9
Average Age of Open Actions	Average age (days) of open SL 1-3 routine non-outage corrective actions and corrective actions to prevent recurrence (CAQ and Non-CAQ).	1.0	149
CAP Management Efficient management of CAP ensures timely correction of problems and prevents repeat events.			G
CR Action Backlog - CAQ	Open SL-1,2,3 CAQ Corrective Actions as a % of the total number of Actions generated in the previous 12 months	2.0	30.0%
CR Action Backlog - NCAQ	Open SL-1,2,3 Non-CAQ Corrective Actions as a % of the total number of Actions generated in the previous 12 months	1.5	26.4%
Average CR Cycle Time	Average number of days between CR initiation and closure for SL 1-3 CAQ and Non-CAQ Non-outage CRs closed during the last 12 months (rolling 12 month average).	1.0	125.4

CAP Actions

- **Root cause analysis of gaps – in progress**
- **Begin implementation of root cause action plans – January 2007**
- **Pilot identified process improvements**
 - *Obtain CROG approval - complete*
 - *Develop change management plan – December 2006*
 - *Begin pilot program in Engineering – January 2007*
- **Complete implementation of station-wide CAP training – July 2007**

HU Root Cause

- **HU Root Cause Team Charter**
 - Evaluate trend in Station human performance events
 - Composed of internal and external Subject Matter Experts
- **Root Cause Team Scope**
 - NRC Findings with Human Performance aspects
 - Review of HU event root cause and apparent cause condition reports for extent of condition
 - HU self-assessments and observations

Closing Comments

- **Turkey Point is committed to improved and sustainable CAP performance**
- **FPL senior management will support and closely monitor the performance improvement efforts**
- **FPL will communicate progress on a periodic basis**

Management Meeting

Open Discussion

Questions